Sunrise
HEALTH REGION

SUNRISE
REGIONAL HEALTH AUTHORITY

2006-2007

ANNUAL REPORT

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To view a copy of this report on-line, visit the Sunrise Health Region website at www.sunrisehealthregion.sk.ca. Click on 'Documents' at the top of our home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:

Park Unit (Yorkton Regional Health Centre campus)
270 Bradbrooke Drive
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.

Letter of Transmittal

June 29, 2007

The Honourable Len Taylor
Minister of Health
Province of Saskatchewan

The Honourable Graham Addley
Minister of Healthy Living Services
Minister Responsible for Seniors
Province of Saskatchewan

Dear Mr. Taylor:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2006-2007 Annual Report.

The report provides the audited financial statements of the region for the year ended March 31, 2007. The report also outlines the region's activities and accomplishments for the period.

Respectfully submitted,

Ivan Peterson
Chairperson
Sunrise Regional Health Authority

Who We Are

The mission of the Sunrise Health Region is ***to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.***

In support of this mission, our board, management, staff, volunteers and physicians will strive to abide by the following values:

We will promote a positive work environment that is safe and secure, stimulating, challenging and enjoyable.

We will serve in a caring, concerned and compassionate manner.

We will provide the highest possible quality in all aspects of care and service delivery.

We will base our decisions on the best available evidence.

We will treat people with dignity, respect and trust.

We will communicate openly and honestly.

We will acknowledge the rights and responsibilities of individuals, both in receiving and delivery of care or service.

We will fulfill our mission by pursuing teamwork, partnership and collaboration.

We will be accountable for our actions to the people we serve and to each other.

We will be responsive to the culturally-diverse needs of the people we serve.

The mission and values of the health region are devoted to achieving our long-term vision: ***Working together … for healthy people in healthy communities***.

The vision, mission and values of Sunrise Health Region align with the Performance Plan produced by Saskatchewan Health, which contains a provincial vision – *Building a province of healthy people and healthy communities* – and a common set of four goals and objectives for the health system:

- *Improved access to quality health services*
- *Effective health promotion and disease prevention*
- *Retain, recruit and train health providers*
- *A sustainable, efficient, accountable, quality health system*

The Sunrise Board provides staff with direction in the form of board approved strategic goals. In the 2006-07 year, the health region operated with five strategic goals statements:

- *Align service to changing needs*
- *Effective health promotion and disease prevention*
- *Employee engagement*
- *A sustainable, efficient, accountable, quality health system*
- *Enhance a culture of safety and quality*

Staff members throughout the health region participate to support these five goals with the addition of objectives, key initiatives and performance measures. The Board approved the update to the Strategic Plan document on June 30, 2006. The Plan provides guidance to the organization for development of annual operational plans at the department and program level.

The **Sunrise Health Region (SHR)** provides health services to the residents of 51 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 56,200 Saskatchewan residents in total.

Roughly 2,700 staff members (2,067 full-time equivalents) in the region provide and support health care through community-based services and within 24 facilities. The region's head offices are located on the Yorkton Regional Health Centre campus in Yorkton.

Services provided include a comprehensive range of community health, acute, supportive and rehabilitative services, provided in institutions, communities and people's homes. Specifically, in 2006-2007 Sunrise Health Region:

- operated six hospitals in Yorkton, Melville, Esterhazy, Kamsack, Canora and Preeceville, for a total of 185 acute care beds; plus an additional 18 acute mental health inpatient beds in Yorkton.
- operated sixteen long-term care facilities (some of which are integrated with hospitals) in thirteen communities, providing a total of 900 long-term care and respite beds.
- provided over 33,768 hours of home care nursing service, and over 113,780 hours of home health aide services.
- provided 34,448 physiotherapy and occupational therapy visits (including over 7,649 new clients).
- served 61,940 emergency room visits (to the six hospitals).
- delivered 636 babies.
- provided a wide range of health promotion and illness prevention services across the region and in partnership with many community organizations and human services providers.

Following negotiation with the board of directors for the **Parkland Alcohol and Drug Abuse Society (PADAS)** in Yorkton and the **Saul Cohen Centre** in Melville, in 2006 these services amalgamated with the Sunrise Health Region. The result of this amalgamation is an integrated alcohol and drug service network serving all areas of Sunrise Health Region.

Affiliated Health Care Organizations: St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy

One of Sunrise Health Region's proudest accomplishments is its highly cooperative, successful, and proactive relationship with the affiliated health care organizations. Affiliated with Sunrise Regional Health Authority are three faith-based facilities. St. Paul Lutheran Home is a 144-bed long-term care facility; St. Anthony's Hospital is a 22-bed hospital; and St. Peter's Hospital is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Centre and community-based services in Melville, as part of the Melville District Health Centre). *The Regional Health Services Act* defines the financial and operational relationship of health regions and affiliates. Governed by its own Board of Directors, each affiliate appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. The affiliates have chosen a relationship whereby they follow all policies and procedures of the region (that do not infringe upon the faith-based mandates of the organizations); human resource, finance and operational support services are fully integrated. A consolidated financial statement is produced each year.

Sunrise Health Region is greatly assisted in the provision of services by its partnerships with the following community based health care organizations:

KidsFirst

KidsFirst is an early childhood development program that is intended to provide vulnerable children with the best possible start in life, and to encourage nurturing and supportive well-functioning families and communities. KidsFirst provides home visiting services, early learning and child care spaces, mental health and addiction counseling, and other supports to families in need. Sunrise Health Region is the accountable partner and provides KidsFirst with financial, payroll and information technology services for a fee.

Society for the Involvement of Good Neighbours (SIGN)

SIGN is a private non-profit corporation located in Yorkton in partnership with local agencies and organizations to develop and deliver needed services to area residents. Sunrise Health Region contracts with SIGN for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided.

Emergency Medical Services

Emergency medical services, ambulance services, and First Responder services are provided to communities in the health region by a combination of contract ambulance services and district-owned services. The ambulance services in the region are:

Privately contracted:

Canora Ambulance Care
Crestvue Ambulance Services (Yorkton and area)
Duck Mountain Ambulance Care (Kamsack, Norquay and area)
Preeceville Ambulance Service
Shamrock Ambulance Service (Foam Lake and area)

Emergency Medical Services cont.
RHA owned and operated:

Esterhazy Emergency Medical Service
Ituna Emergency Medical Service
Langenburg Emergency Medical Service
Melville Emergency Medical Service

In providing the above services, Sunrise Health Region faced a number of risks in 2006-07 that it attempted to mitigate through a variety of means. The risks, and their mitigations, include:

Yorkton & District Nursing Home Funding – The 93 bed addition to the Yorkton and District Nursing Home uses a non-traditional model of long-term care and is designed to provide a less-institutional and more home-like atmosphere. Residents live in wings of the building, known as houses with 15-16 residents per house. At the time of planning, and later as the facility began to accommodate residents, it became clear that this model required more staffing than the traditional model. Throughout 2006-07 the Province and Region mutually sought understanding of the funding needs of the Yorkton & District Nursing Home, and the Region used cash flow management and operating line of credit to cover cost over-runs. The Province provided additional funding of 1 million dollars at the end of the 2006-07 fiscal year, based on business cases submitted by the Region.

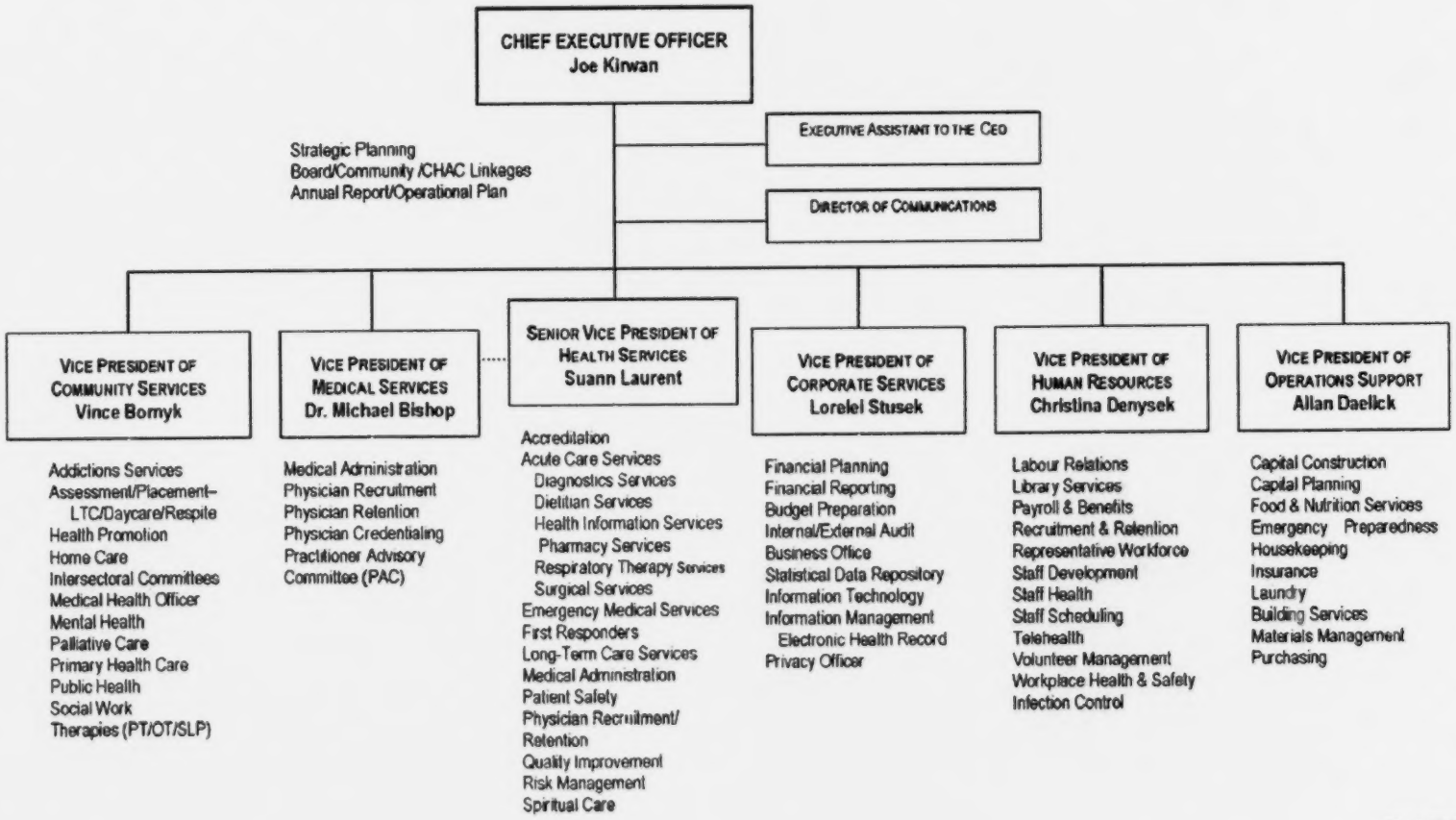
Enteric and Respiratory Outbreaks – In 2006-07 the Region had an unusually large number of enteric (intestinal) and respiratory illnesses. In order to prevent spread of these diseases to other wards and facilities, the Medical Health Officer mitigated the risk by ordering that the Region cohort staff. To 'cohort staff' means restricting the movement of staff who would normally work in more than one ward or facility. Cohorting is an expensive exercise, as it reduces scheduling flexibility and increases overtime and premium costs. Adding to costs was an increase in the number of employees ill. At the end of the 2007 fiscal year, the Province provided additional funding to help offset the financial impact. The Region reduced spread of illness to the public by restricting visitors from facilities or wards during periods of outbreak.

Physician Shortages –Kamsack, Canora and Preeceville physician shortages caused periods whereby physician coverage was insufficient for safe response to emergencies. Public service announcements, e-mail, fax and website updates were communication methods used to alert the public and neighbouring health care facilities of temporary changes in service. The Region actively assisted with recruitment of physicians and locum coverage to reduce the number of service reductions.

Management Transitions – A significant number of management positions became vacant in 2006-07. With transition of management comes the risk of loss of organizational knowledge and experience. The Region mitigated this risk by promoting from within, whenever possible, holding "New Manager Orientation Sessions" and quarterly "Manager Information Sessions". During development of budgets, the Finance Department met one-on-one with all managers and coached new managers. Management transition will continue to be a risk, due to the age of the out-of-scope (non-unionized) workforce.

Recruitment and Retention of Staff – The recruitment of Registered Nurses and other 'hard-to-recruit' professions continues to be difficult and the list of 'hard-to-recruit' positions is growing. The Provincial Workforce Action Plan, regional healthy workplace initiatives and continued commitment to recruitment and retention activities in the Sunrise Health Region all contributed the retention of staff and the filling of vacancies. In 2006-07, the Region began to assemble reliable information about the age and pending retirements of its workforce, this work continues. The initial results suggest that replacement of retirees will be a major risk for the Region, for some time to come, and that lack of sufficient staff poses a risk to the continuity of services.

SUNRISE HEALTH REGION – ORGANIZATIONAL CHART
CEO DIRECT REPORTS



March 26, 2007

Our Region

Demographics and Other Factors
Sunrise Health Region has a total covered population of 56,199 (2006 Sask. Health Covered Population statistics). As with most rural health regions in Saskatchewan, Sunrise has experienced a trend of slowly decreasing population.

The largest community is the City of Yorkton, which has a population of 17,006. Other larger communities in the region, and their respective populations, are Melville (4,438); Esterhazy (2,595); Canora (2,367); Kamsack (1,892); Preeceville (1,199); Foam Lake (1,236); and Langenburg (1,165). The urban population in these eight communities totals 31,898 – representing 56.8% of the region's population.

The remaining 24,301or 43.2 % of the population are rural residents dispersed throughout 82 rural municipalities, towns, villages, hamlets and first nations. There are 1,594 residents residing on the reserve lands of Cote, Key, and Keeseekoose First Nations.

Perhaps the key characteristic of the health region's population is that it is significantly older than the provincial average; its population can be appropriately described as the ***oldest*** in the province. Of the health region's population 22% are over age 65 (provincially, 14.7%), while 12% are over the age of 75 (provincially, 8%). Interestingly, the percentage of the Sunrise Health Region population over 65 and over 75 years of age did not change in 2006, while the Provincial average increased for both of these age demographics.

Another demographic challenge in Sunrise Health Region is the region's dependency ratio – the ratio of young and older people compared to the working age population. Sunrise is among the highest dependency ratios in Canada, at a rating of 67.4; only three other regions in Canada have higher dependency ratios, all in the far north. *(The dependency ratio is the number of youth under age 15 plus the number of seniors 65 and over, divided by the number of people age 15 to 64).*

There are no local economic trends of significance that had an effect on the 2006-2007 operational plan for the Sunrise Health Region.

Health Status and Outcome Indicators

The following table provides information on the health status of the population of Sunrise Health Region, in comparison to the provincial average and other health regions.
SHR - indicates the Sunrise Health Region rate; *Sask* - indicates the provincial average; and *SHR Rank* - indicates Sunrise Health Region's ranking relative to other Saskatchewan health regions, with **1** representing the most positive ranking and **12** the least positive ranking.

Infant Mortality

Sunrise has a low infant mortality rate relative to the provincial average. Factors that influence infant mortality rates include; effectiveness of pre-natal care, maternal education, drug, alcohol and tobacco use of expectant mothers, and diet/nutritional awareness of expectant mothers. Low infant mortality is also closely related to low birth weight rates. Sunrise has among the lowest average rate of low birth weight babies in the province.

	SHR	Sask	SHR Rank	Prov Range
Infant Mortality, per 1,000 live births (2002-2004)	4.5	5.9	3	4.0-10.5

Life Expectancy

Residents of Sunrise Health Region have a life expectancy very close to the provincial average, slightly higher than the provincial average for women and slightly lower for men. Average life expectancy for a population is influenced by socio-economic factors such as education and income levels, for which Sunrise Health Region compares poorly with the province as a whole. Other factors that influence life expectancy include obesity, being overweight, and level of physical activity. For all of these factors, the health region compares poorly with the provincial average.

	SHR	Sask	HR Rank	Prov Range
Life Expectancy (2001)				
At-birth, Male	75.6	76.2	6t	72.1-78.2
At-birth, Female	82.2	81.8	4	76.1-82.8
At 65, Male	16.6	16.9	8	15.6-18.0
At 65, Female	20.8	20.9	6	17.2-21.8

Smoking Rates

Rates of smoking in both men and women in Sunrise Health Region are lower than the provincial average.

	SHR	Sask	HR Rank	Prov Range
Smoking Rates				
Total Male	23.04%	25.59%	3	19.43%-37.08%
Total Female	19.88%	22.89%	3	17.65%-33.6%

Overweight, Obesity and Physical Activity

Sunrise Health Region has significantly higher rates of overweight people, higher obesity rates and lower rates of physical activity than the provincial average. These factors interact, and are risk factors for many chronic illnesses such as diabetes and heart disease. Because overweight and obesity were measured in the population 20-64 years of age, and physical activity in population ages 12 and over, lower rates in Sunrise may be due to the fact that we have proportionately more people ages 45 and over, and especially ages 65 and over, compared to other parts of the province.

	SHR	Sask	HR Rank	Prov Range
Overweight (BMI 25.0-29.9)	36.12%	32.52%	11	30.53%-36.12%
Obese (BMI>30.0)	21.89%	20.3%	7	16.88%-24.19%

	SHR	Sask	HR Rank	Prov Range
Physical Activity (self-reported, age 12+)Active/moderately active	43.42%	48.62%	10	38.6%-53.35%
Inactive	54.98%	49.52%	10	44.06%-58.77%

Self-reported Health Status

The percentage of people in Sunrise Health Region who report their health as either very good or excellent is significantly below the provincial average, and the lowest of all health regions. Self-reported health status can be influenced by age (Sunrise Health Region has the highest percentage of people over the age of 65, and over the age of 75, in the province) and socio-economic status (Sunrise is below the provincial average for income level and educational attainment).

	SHR	Sask	HR Rank	Prov Range
Self-Reported Health Status				
Excllnt/Vry Gd Health	39.86%	52.35%	11	39.86%-57.96%

Diabetes Rate

Sunrise ranks 8th out of 13 health regions for prevalence of diabetes. Diabetes can be influenced by factors for which Sunrise Health Region compares poorly (physical inactivity, high rates of obesity/overweight, age of the population). Diabetes is also of greater prevalence in the First Nations population, which in Sunrise Health Region is about eight per cent of the total population.

	SHR	Sask	HR Rank	Prov Range
Diabetes Rate, per 1,000 population (age adjusted)	57.6	n/a	8	41.8-95.8

Child/Youth Injury Hospitalization Rates

Injury is the leading cause of hospitalization and deaths in children in Canada. Sunrise Health Region ranks 10th out of 13 health regions for high child and youth hospitalization. Hospitalization rates can be affected both by the actual number of injuries, and by hospital admission practices and the availability of hospital beds.

	SHR	Sask	HR Rank	Prov Range
Child/Youth Injury Hospitalization Rates				
per 1,000 population				
Male	13.3	10.4	10	7.3-27
Female	8.3	6.9	8	4.8-12.9

** Please refer to source documents for details on the indicators, the sources for their calculations and methodology. The source document used by Sunrise Health Region in preparing this report is "Performance Management Accountability Indicators May 4, 2007, prepared by Saskatchewan Health. Within that document, various indicators have different sources and different years from which the information was taken.

** Rankings are based on all 13 health regions. For some ratings the three northern health regions are counted as one. Note that due to their small and unique populations, northern health regions may not always be appropriately comparable.

2006-2007 Results at a Glance

The 2006-2007 fiscal year was a successful one for Sunrise Health Region in many respects. with several notable achievements and activities that align with the four provincial goals.

Goal 1 – Improved Access to Quality Health Services

- In 2006, Parkland Alcohol and Drug Abuse Society Inc. in Yorkton and Saul Cohen Family Resource Centre in Melville amalgamated with Sunrise Health Region's addiction services, resulting in an integrated service delivery and improved communication between caregivers.
- Client access was improved when adult and youth Addictions Services staff were moved to one location in Yorkton at the Society for the Involvement of Good Neighbours building (SIGN) on Broadway St. The Saul Cohen Family Resource Centre continues to function out of the Melville District Health Centre. In 2006/07 two outreach addiction counselors were hired, improving access to support for youth and follow-up from secure detox and supervision of community orders.
- Cross-boundary services and roles were clarified with Saskatoon Health Region when an agreement for psychiatry services was signed and the last outstanding cross-boundary issue was resolved.
- A new Therapies Model was developed by the Good Spirit Community Services Management Committee to improve access to services and to foster closer relationships between all therapies within schools and the health region.
- A service contract was signed with new Yorkton Mental Health Drop In Centre Inc.
- The purchase of two Vacuum Assisted Closure (VAC) machines improved client access for wound care treatment in Home Care.
- Previously only in the North part of the health region, the Behavioural Management Consultant service was regionalized and a pilot project explored using resource nurses to help expand the capacity of this service.
- The Chronic Disease Management Clinic pilot project is expanding access for on-going education and treatment for clients with chronic disease.
- Yorkton Regional Health Centre Laboratory – Wheelchair accessibility project, that included renovations to the main entrance and bathroom.
- Preeceville Integrated Health Care Facility – In 2006/07 the functional program and tender documents were completed. Once construction and renovation are completed this building will house most of the health services for the community of Preeceville, improve patient access and facilitate more effective communication and care planning.
- Local access to general surgery reduced travel time and costs for area residents. The General Surgeries retention rates improved again in 2006/07 with the Sunrise Health Region retaining 80.7%. This is up from 76% in 2005 and markedly up from the retention rate of 32% when the region first targeted this as an area for improvement and took the necessary steps.
- Multi Region Patient Bed Access Project – Due to the enthusiasm and hard work of its design team, Sunrise Health Region was chosen as the pilot site for the South Regions Forum project to redesign the bed transfer system. This includes transfers into the tertiary centres and back to the home health region. From December 2006 to February 2007 calls from Sunrise Health Region physicians into the "Bedline" access system increased from

14.7 calls per month to 77 calls per month. The use of "Bedline" reduced the timeframe from identification of need for an inpatient bed, to placement in a bed to under 2 hours from the previous timeframe of between 6-8 hours. In addition, patients received better information about their care and transfer and the professional caregivers received more timely access to vital health record information.

- Funding received and resources in place to increase the number of CT exams from 3,500 to 4,690 and patients from 2,530 to 3,130.
- Expansion of ultrasound services with the purchase of a third machine.
- Program beds are in place at Yorkton and District Nursing Home that allow the option of care in the nursing home and reduced pressure on hospital services.
- Hemodialysis Expansion Proposal submitted and approved by Department, funding received and in operation March 19, 2007.
- Access to Physicians was improved with recruitment of a Pathologist, Radiologist, Internist, and General Practitioners. Shortages still exist in many areas and the region continues to work with communities and clinics to recruit.
- The Palliative volunteer program was enhanced in Langenburg.
- Regional pastor enhancement to the LTC program improves access to spiritual care.

Goal 2 – Effective Health Promotion and Disease Prevention

- Components of the Population Health Promotion Strategy newly implemented or continuing in 2006/07:
    - Step Up to Health campaign
    - Stepping Out Program
    - Drug Strategy Consultation including youth engagement
    - Re-establishment of Balancing Work and Family Committee
    - Active Transportation Partnership with the Yorkton Business Improvement District group.
    - Regional Food/Nutrition Policy –draft developed and consultations held
    - Project Hope Implementation – 3 new positions
    - Mental Health and Addictions Health promotion
- Thirty community Health Promotion project grants awarded totaling $29,900.
- Baby Friendly Initiative implementation plan developed.
- Chronic Disease
    - Diabetes Team has evolved into the Chronic Disease Team with expanded scope covering all chronic diseases. The Information Management Department assisted the Chronic Disease Management pilot project by linking them to the SCM (Sunrise Clinical Manager) in order to better monitor the laboratory results of chronic disease clients.
    - Self management of Chronic Disease Regional Forum – approx 200 attendance.
    - Living Well with Chronic Disease Program was in planning stages in 2006/07 with implementation in 2007/08.
- Regional Pandemic Plan development is ongoing and the Region participates on provincial pandemic planning committee.
- Older areas of the Yorkton and District Nursing Home had asbestos removed.
- Healthy choice options were added to the Region's retail menus.

Goal 2 – Effective Health Promotion and Disease Prevention cont.

- Langenburg and Kamsack long-term care facilities participated in the Health Quality Council project to improve the quality of drug management of Saskatchewan seniors in long term care.
- St. Paul Lutheran Home implemented an enriched long-term care initiative similar to the 'Eden' concept.
- SESD (Safety Engineered Sharp Devices) Implementation Strategy was developed and successfully communicated and implemented "on target" throughout the Region.

Goal 3 – Retain, Recruit and Train Health Providers

- St. Anthony's Hospital, Esterhazy Ambulance staff integrated with hospital staff.
- Education/Training - Throughout the year, considerable and ongoing effort was put into educational programming for the staff of the Sunrise Health Region. In addition to the ongoing priorities that have been established such as TLR (Client and Object), PART, Aboriginal Awareness Training, the Region also provided the SAHO Management Competency Certificate program, General Orientation, Nursing Orientation, Harassment Investigation Training, the 4th Annual motivational speaker, as well as ongoing work on mandatory and required training. Housekeeping, food and nutrition services and laundry staff from across the Region received WHIMIS training.
- "New Manager Orientation Session" developed and held.
- Quarterly SUN District Council meetings implemented for the entire Region.
- Manager Information Sessions continued on a quarterly basis throughout the year.
- Thirteen career fairs were attended throughout the year.
- Four dietetic interns completed their Food Services Administration rotation in Sunrise.
- Three materials management managers received training towards certification as a professional purchaser through the Purchasing Management Association of Canada.
- Twelve Quality Improvement Teams received education about the Accreditation process, and participated in the Accreditation process. These Teams remain active between accreditation reviews.
- First Annual Operations Support Convention, March 2006 – A convention for frontline staff in the departments of Food and Nutrition, Housekeeping and Laundry Services.
- Quality Workplace team in St. Paul Lutheran Home – This project was a finalist for Saskatchewan Health Excellence Awards.
- A Regional Medical Advisor was put into place to support Emergency Medical Services.
- Emergency Medical Services staff were recertified in Regional Automated Life Support.
- The Saskatchewan Association of Licensed Practical Nurses (SALPN) hosted 3 "visioning" sessions within our Region (Kamsack, Yorkton and Melville), as part of SALPN's provincial development
- The Region had representation on the Steering and Appeals Committee for the development and implementation of a provincial Out-of-Scope Compensation project.

Goal 3 – Retain, Recruit and Train Health Providers cont.

- Requested and received additional funds for the region as follows:
    - First Nations and Métis Relations to support the Self I.D. Audit
    - Professional Development Funds
    - Quality Workplace funds, including carryover of Stream 1 and 2 funds from 2005-2006
    - First Nations and Métis Relations to support the attendance of 2 staff members at the Aboriginal Leadership Program in Banff
    - Secured funds for seat for the Saskatchewan Institute of Health Leadership certificate program.
- Development and implementation of supervisory training for Occupational Health and Safety.
- Input, consultation and training with the Provincial Recruitment Agency including full participation by Sunrise Health Region for vacancy posting and promotion.
- Employee focus groups conducted in order to provide information and insight into the employee opinion survey and improving the workplace.
- Volunteer development and involvement with "Living Well with Chronic Disease" in conjunction with Primary Health Care.
- Increased compliance with registration of volunteers throughout the region, as well as ongoing education.
- The Volunteer Program, in collaboration with Human Resources and the Support Services Managers, hosted a Pre-employment Readiness Initiative for students who might be interested in summer and relief employment in the Region.
- Automated External Defibrillator (AED) recertification program conducted for First Responders group.
- Financial variance reporting for managers conducted and training manual developed.
- St. Peter's Hospital and St. Anthony's Hospital installed on the Regional Dictaphone Dictation System whereby physicians have the ability to dictate from any phone in and outside the facility
- SCM (Sunrise Clinical Manager) is now available to 180 physicians, nurses and pharmacists in 27 locations throughout the Yorkton Regional Health Centre. Phase 2, which will provide access to additional health information is underway.
- Five HIPA (Health Information Protection Act) training sessions were held throughout the Region.
- Provincial Clinical Systems receiving support from health region staff in 2006/07:
    - RIS/PACS – Radiology Information System/Picture Archiving & Communication System
    - SCI –Shared Client Index
    - SIS – Surgical Information System
    - iEHR/SLRR – Interoperable Electronic Health records/Saskatchewan Laboratory Results Repository
    - SCM – Sunrise Clinical Manager
    - PIP – Pharmacy Information Project

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health System

- Accreditation - Region achieved three year accreditation, with report.
- Optimization of Services Review (Deloitte) commissioned by the Province.
- Mental Health and Addictions Program review completed.
- Consolidation of Public Health administration staff and successful move of Public Health services into the former Anderson Lodge building.
- Regional Emergency Preparedness Plan development and implementation
    - Coordination with community, i.e. towns/villages/RMs/ First Nations; Emergency Preparedness/Pandemic Conference held April 2006
    - Relocation of MASH unit coordinated with Saskatchewan Health Emergency Preparedness.
    - Provincial Basic Emergency Management Course
    - Mock Exercise with the City of Yorkton
    - Foam Lake elevator fire response
    - Yorkton Regional Health Centre flood – insurance claims and restoration
- Energy Solutions Project development in conjunction with SaskPower and Honeywell
- Construction/renovation projects
    - Yorkton Regional Health Centre
        - Emergency Department enhancement project
    - St. Anthony's Hospital, Esterhazy
        - Emergency Department expansion
    - Centennial Special Care Home, Esterhazy
        - Roof Upgrade
    - Norquay Health Centre
        - Renovation and relocation of Home Care and Primary Health Care
    - Foam Lake Jubilee Home
        - Draft Needs Assessment and Expression of Interest for Capital Projects prepared
    - St. Anthony's Hospital, Esterhazy Ambulance relocation and link project
    - Preeceville Integrated Facility planning and tender
- Standardized collection and reporting of Canadian Institute of Health Information (CIHI) workload measurement for diagnostic imaging..
- Diagnostic imaging safety manual created.
- Administration of Blood Products procedures completed.
- Laboratory quality manual developed.
- Standardization of chemistry quality control program.
- Long-term care safety clinical indicator developed.
- Hazard Analysis Critical Control Points (HACCP) program developed and implemented region wide.
- Replacement of general radiology equipment at Yorkton Regional Health Centre.
- Sask. College of Physicians and Surgeons Laboratory Quality Assurance Program inspections for Kamsack, Canora and Esterhazy laboratories
- Laboratory information system, interface validated for the Sunrise Clinical Manager.
- Audit completed for Lab and Diagnostic Imaging services at Yorkton Regional Health Centre.
- Acute care sites on-line inventory reporting to Canadian Blood Services.

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health System cont.

- SHR participates on the Provincial Diagnostic Imaging Operations and Information Technology Sub-Committee.
- To improve Emergency Room access, minor procedures were moved from ER to the 3rd floor in Yorkton Regional Health Centre.
- Regional policy and procedure development continued in all departments.
- Staff trained and "Snoozelyn" room started at Yorkton and District Nursing Home – this is a therapeutic room and calming atmosphere that assists treatment of Alzheimer and Acquired Brain Injury clients.
- Regional pharmacy contracts were developed throughout Sunrise Health Region.
- Regional surgical services at St. Peter's Hospital and Yorkton Regional Health Centre participate in the provincial Surgical Information Systems (SIS) Project.
- Long Term Care facilities in region were evaluated against Provincial SCA guidelines.
- Ambulance rate increase negotiated for First Nations clients.
- Quality, Utilization, and Risk Management Committee role expanded and name changed to include Safety, Quality, Utilization, and Risk Management Committee.
- Continued to produce quarterly reporting and trending on sick time, overtime and family leave, circulated throughout the region, and provided to the Unions.
- Front entry doors upgraded throughout the region to ensure safety to staff and public.
- An inventory was completed to determine compliance with HIPA (Health Information Protection Act) at the Yorkton Regional Health Centre. Privacy review conducted in the sites of Ituna, Langenburg, and Esterhazy.
- Infection control statistical collection software was selected and purchased.
- A database to calculate retroactive pay was developed and successfully implemented
- Financial system upgraded.
- On-line payment process established for clients through a majority of financial institutions; this makes it easier for clients to pay their invoice.
- Electronic accounts payable established for payment to vendors.
- Mental Health switched over to VoIP telephone system.
- Blackberry mobile units introduced to provide a mobile 24/7 data and voice solution.
- Existing e-mail system upgraded and hardware upgraded to stop SPAM e-mails.
- Community Net (CNET) upgraded for faster data transfer.
- Wireless Security system installed to provide secure voice communication on Wireless VoIP phones.
- Installation of 12 servers (2 new, 10 refreshed), 60 PC's (25 new, 35 refreshed) and 25 Thin clients were added to the Region's Information Technology environment and a network system of 1300 network users, with 1050 email users were maintained.

Financial Summary

- Achieved a surplus budget at the end of the fiscal year $90,050
- Expenditures on program support, as a percentage of overall health region expenditures 4.6%, below the provincial target of 5%

2006-2007 Performance Results

The relationship between Sunrise Health Region, the Minister of Health, and the Department of Health is defined by *The Regional Health Services Act*. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of measures, which serve to identify priority areas for the Region.

The following tables provide data on each of the accountability indicators that are to be reported in annual reports for all health regions in 2006/07. The reportable indicators are organized according to the four goals of the Saskatchewan health care system.

Goal 1 – Improved Access to Quality Health Services

In 2006-07, Sunrise Health Region saw measurable gains in several areas. The Region continues to exceed targets set by the Province for the number of computed tomography scans (CT scans) completed. A concerted effort to increase the retention of general surgical cases has improved local access to this service. The Region retained 80.7% in 2006/07, up from 76% in 2005 and markedly up from the 32% of only a few years ago. This effort not only improved local and timely access to this service, it has reduced the cost of travel for clients who no longer travel to Regina and Saskatoon. Improved retention rates in Sunrise Health Region reduce the pressures on the tertiary centres of Regina and Saskatoon. Sunrise Health Region consistently is a top performer in timely completion of surgical cases.

Sunrise Health Region, Regina Qu'Appelle, Sun Country, Cypress, and Five Hills health regions came together as the Southern Health Region's Forum. The Forum is identifying ways to improve patient flow and access to service by examining how we can collectively maximize our resources. The "Bedline" and bed access project, piloted in Sunrise in 2006/07, has reduced waste and facilitated quick access to beds both into and out of the tertiary centre of Regina. This has decreased the time, from identification of need to placement in a bed, from the previous timeframe of between 6-8 hours to less than 2 hours.

	06/07 SHR	Sask	SHR Rank	Prov Range
Number of exams, as a percentage of agreed on target for computed tomography (CT) services	104.9%	107.3%	3	73.5-125.6%
Number of patients, as a percentage of agreed on target for computed tomography (CT) services	98.8%	98%	5t	93.5-111%
Percentage of Priority Level I, II, III, and IV surgical cases Completed within target time frames				
Priority Level I	79.8%	57.3%	2	43.7%-97.4%
Priority Level II	82.6%	43.8%	3	0% - 96.6%
Priority Level III	91.3%	63.9%	6	43.3%-100.0%
Priority Level IV	99.8%	88.0%	3	82.9%-100.0%
Cumulative number of surgical cases performed as a percentage of target	99.7%	98.3%	4	85.2%-122.4%
variance from target	-10	-1,248	1	-10 to -719

	06/07 SHR	Sask	SHR Rank	Prov Range
Average wait time for admission to alcohol and drug: outpatient services, inpatient services, detoxification services, stabilization services	not available			
Percentage of RHA population with geographic proximity to primary health care teams	8.84%	19.98%	11	0.0%-100.0%
Number of discrete clients receiving primary health care services in the RHA	678	45,985	11	0-12,600
Number of Healthline calls for the RHA	4,355	86,586	5	59-27,190

The percentage of Regional Health Authority (RHA) population with geographic proximity to primary health care teams increased from 0 to 8.84%. While the percentage is still small, Sunrise Health Region was able to achieve formal recognition of the primary health care sites of Norquay and Foam Lake. In the coming year, the Region will work to have primary health care sites in Preeceville and Langenburg similarly recognized.

Other 'access to care' activities are not as easily measured, or the results may be more long-term in nature. Although less easily measured, they are no less important. The work done in 2006-07 in the area of Chronic Disease Management, and the amalgamation and co-location of Alcohol and Drug Addiction Services are just two of many initiatives not reported in the indicator section of this report. These programs are improving access to real people in Sunrise Health Region and assisting our residents in real ways to achieve improved health moreover; while not a direct correlation it is interesting to note that in 2006-07, the completion rate per 100 admissions for alcohol and drug outpatient treatment went from 46.7% in 2005/06 to 57.5% in 2006/07.

Goal 2 – Effective Health Promotion and Disease Prevention

Indicators to comparatively measure success in the area of health promotion and disease prevention are still under development. Although health promotion is not easily measured, the Region has a well-developed health promotion strategy and dedicated staff. In 2006-07, after assessing need in the community, the Diabetes Disease Management Committee broadened their mandate to include all Chronic Disease Management. The resources dedicated to health promotion are small in comparison to other areas of health care. Creative solutions maximize effectiveness; an example is the use of trained volunteers to expand the facilitator capacity for the "Living Well with Chronic Disease" workshops. The Region rates poorly when examining population-health status indicators for overweight, obesity, inactivity, self-reported health status, diabetes in the general population, and the increase in female smoking rates. This will affect the future in terms of personal health and health system costs, and suggests the need for more investment in the areas of population health promotion and disease prevention.

Sunrise Health Region also targeted health promotion and disease prevention internally for staff in 2006-07. Some varied examples are implementation of 'sharps engineered safety

devices', 'healthy choice' options added to cafeteria menus, N-95 mask fit testing for all staff, and asbestos removal at Yorkton & District Nursing Home.

Health promotion and disease prevention activity was also evident in 2006/07 in the work on pandemic and emergency preparedness. Moreover, with participation in the Health Quality Council study of quality of drug management of Saskatchewan seniors in long-term care in Langenburg and Kamsack, and the "Eden" concept for long-term care, initiative implemented at St. Paul Lutheran Home.

	SHR	Sask	SHR Rank	Prov. Range
Percentage of facilities in compliance with The Tobacco Control Act in the category that includes: billiard halls/bingo establishments/ bowling centers/casinos/restaurants/taverns	data not available			

Goal 3 – Retain, Recruit and Train Health Providers

Sunrise Health Region actively recruits in all areas and for all affiliations. In 2006/07 the number of employees by union affiliation were: Provider Unions 1,475.18; HSAS 98.81; OOS/Other 130.06; SUN 363.42; and for the organization as a whole 2,067.47.

The number of wage-driven premium hours per full-time equivalent is similar to 2005/06 however; the number of sick leave hours' per full-time equivalent increased substantially, a contributing factor was the large number of outbreaks in health region facilities in 2006/07.

	SHR	Sask	SHR Rank	Prov Range
Number of sick leave hours, per full-time equivalent				
CUPE	94.84	89.78	11	71.62-107.61
HSAS	58.17	65.62	5	44.65-123.48
SUN	96.84	89.34	12	63.83- 96.84
OOS	41.64	47.34	4	27.68- 61.46
All affiliations	90.09	84.12	11	64.15- 93.63
Number of wage-driven premium hours (overtime and other premiums) per full-time equivalent				
CUPE	34.7	36.85	7	16.36-91.10
HSAS	32.3	25.44	8	0.25-117.97
SUN	94.18	81.54	7	27.14 -368.66
OOS	3.7	3.46	8	0.00-16.92
All affiliations	43.8	42.47	8	17.9-131.56
Number of lost-time WCB *claims* per 100 full-time equivalents (FTEs)	7.93	7.67	9	0.53-10.00
Number of lost-time WCB *days* per 100 full-time equivalents (FTEs)	766.40	468.45	13	11.62-766.40

The region was pleased to note that the number of lost-time WCB claims saw a reduction from 2005-06. Unfortunately, the lost-time days were higher than the previous year. The Region continues to prioritize employee health and safety through the following activities:

promotion of flu immunization for staff, implementation of Supervisory Training with OH& S responsibilities, ongoing training for N95 mask fit testing, Transfer Lift Repositioning (TLR), Professional Assault Response Training (PART), Alternate Dispute Resolution, and implementation of Safety Engineered Sharps Devices.

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health Care System

In 2006/07, Sunrise Health Region was very active in the area of sustainable, efficient, accountable and quality health care. Reference the section of this report titled "Results at a Glance" for examples of initiatives. The percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days is 86%. This indicator is reflective of the Region's desire to listen and be accountable and responsive to the concerns of the people it serves. The reportable areas of "key activities to address public confidence" and the "number of surgical cases performed as day surgery" does not do justice, or accurately indicate the amount of activity associated with Goal 4. Three major reviews including; the Accreditation Survey (CCHSA), the Optimization of Services Review (Deloitte), and the Mental Health and Addictions Program Review, were completed in 2006-07. The Region is currently acting upon the report recommendations. Overall, all three studies indicate that Sunrise Health Region is a well-run organization that is accountable, efficient and dedicated to quality. Surveyed and compared to national standards, Sunrise Health Region achieved three-year accreditation, with report.

	SHR	Sask	SHR Rank	Prov Range
Key activities undertaken by RHA to address public confidence reported	yes	yes	t	all regions - yes
Percentage of surgical cases performed as day surgery	66.0	52.9	1	47.8-66.0

Financial Summary

The following financial indicators highlight both the most positive, and most troublesome, aspects of the health region's financial statements. The surplus as a percentage of actual operating expenditure in 2005/06 was .1 percent and in 2006/07 was .06 percent. Managers are responsible for the submission of monthly variance reports to monitor compliance with budget. Small surpluses and tight budgets offer little room to adjust when anomalies occur. This was the case in 2006/07, when numerous enteric and respiratory outbreaks occurred in healthcare facilities. The Region had limited capacity to adjust for these increased costs. Without the recognition of this difficulty and additional funding from Sask Health, the Region would not have achieved a positive balance at the year's end.

	SHR	Sask	SHR Rank	Prov. Range
Surplus/(deficit) as a percentage of actual operating expenditure	.06%	not available		(.06-9.0)
Expenditures in program support funding pool as a percentage of total RHA operating expenditures	4.6%	n/a	4	(3.8-5.3)
Working capital ratio	.23	n/a	13	(.23-1.81)

All of the above indicators, and indeed the entire accountability document, have served to inform the region's strategic planning process. Please refer to the region's strategic plan, and key initiatives at our website www.sunrisehealthregion.sk.ca. Throughout the region's plan, specific references are made to accountability measures. In 2006-07, the Regional Health Authority reviewed progress on the strategic plan quarterly.

Supporting Documents Available

The following documents are available from the Sunrise Health Region at www.sunrisehealthregion.sk.ca, or by calling (306) 786-0110.

- Strategic Plan and Key Initiatives
- Health Status Report
- Health and Healthcare in our Communities: Needs Assessment Executive Summary
- Information Management Plan
- Physician Resource Plan
- Workforce Planning & Reporting

Future Outlook and Emerging Issues

The health region's strategic plan, including all key initiatives and progress to date in achieving those initiatives, is available at www.sunrisehealthregion.sk.ca.

The population in Sunrise Health Region continues to slowly decline, however, there appears to be optimism for increased economic activity in the area and this could positively influence the population in the future.

Improving the health status of First Nations people is a pressing need, and a goal that in order to succeed will require greater partnership between the Sunrise Health Region and First Nation communities.

Sufficient numbers of qualified family physicians continued to be a problem, mainly in the northern part of the Sunrise Health Region in 2006/07. Intermittent emergency room lack of coverage and periods of reduced service resulted. The communities most affected were Kamsack, Canora and Preeceville. It is likely that this trend will occur in other areas of the health region in the future.

There is some guarded optimism, as the Region filled several long-standing vacancies in 2006-07, and increased provincial and local recruitment efforts appear to be achieving positive results. Recruitment will continue to be a priority activity for the Sunrise Health Region due to the age of the workforce and potential retirements. Additionally, positions that in the past had no recruitment issues are now receiving fewer qualified applicants. This is a new trend whereby the Region is competing with other services in the area for scarce labour and trades people.

National, provincial and local demands to implement advancements in technologies and service are outpacing resources in the areas of diagnostics, information management, information technology, clinical systems coordination.

Many of today's illnesses are lifestyle driven. Intervention through health promotion and disease prevention requires investment, well ahead of the savings they will generate. While it is difficult to quantify future savings, we know that unchecked, the impact on individual health, societal health and the costs to the health system will be devastating. As resources come available, the program areas that the Region has prioritized for attention are: Baby Friendly Initiative, Speech Language Pathology, Regional Lactation Services, Pediatrics/Obstetrics Support, Dysphagia Training.

Health care cannot function without careful attention to the health of its staff. Sick time and workers compensation rates are high in Sunrise Health Region. There is a need to invest in infection control, staff immunization, occupational health and safety, and staff development.

There is a growing inability to meet the infrastructure needs of the Region. The Region functions with buildings not designed for current service delivery modes, or for the size and complexity of present-day equipment. Space needs emerged in 2006-07 as a significant factor. Without substantial investment, the lack of infrastructure will affect future ability to increase service volumes.

Thanks to the work done in 2006-07, the future looks more promising for people managing chronic disease and for those working to reduce chemical dependency. A "Drug Strategy for the Sunrise Health Region Area" is the result of extensive community consultations in 2006-07. The "Drug Strategy" will guide future programs and empower communities.

Two areas, that will receive additional attention in the upcoming year, include enhancing a culture of patient safety and increased attention to risk management, as the Region's Quality Teams respond to the recommendations of the Accreditation review.

As the 2006-07 fiscal year ended, the Sunrise Regional Health Authority reviewed emerging trends and adjusted the strategic direction goals and objectives; the foundation of the Sunrise Health Region Strategic Plan. Objectives were added to the area of 'employee engagement' so that the organization recognizes individual contribution, value and dignity, and recognizes team commitment and success. Emphasis was placed on the goal to enhance the culture of patient safety and quality; with the addition of specific direction, to assess improvement. The RHA also challenged the organization to become proactively involved as provincial and national leaders in creation and implementation of best practices, and to engage the community in health system dialogue.

Governance and Transparency

The affairs of the region are guided by a 12-person Regional Health Authority, the members of which are appointed by the Government of Saskatchewan. The Regional Health Authority appoints a Chief Executive Officer who is responsible for the general administration and organization of the region.

For most of 2006-2007 the Sunrise Regional Health Authority awaited Ministerial appointments and was governed by nine members:
Ivan Peterson, Chairperson, of Hazel Dell; retired teacher and farmer
Greg Kobylka Vice Chairperson, of Yorkton; Saskatchewan Lotteries manager
Irene Adams of Langenburg; retired teacher
Janet Hill of Yorkton; retired businessperson
Audrey Horkoff of Kamsack; farmer/rancher
Karen Keshane of Key First Nation; community health representative
Jennie Ortynsky of Canora; retired nurse
Grant See of Preeceville of Preeceville; retired tradesperson, former Mayor of Preeceville
Dr. Walter Streelasky of Melville; faculty advisor -University of Regina, Mayor of Melville

Appointed in May 2006 were:
Lawrence Chomos of Esterhazy; retired regional director of education
Patricia Hack of Foam Lake; teacher
Dennis Popowich of Yorkton; businessperson

Resigning in 2006-2007 were:
Raymond King of Foam Lake and member of RHA Planning Committee & Inaugural RHA Member from April 2002 – April 25, 2006
John Nightingale of Esterhazy a member of RHA Planning Committee & Inaugural RHA Member from April 2002 –June 30, 2006.

Public Transparency
The dates, times and locations of all public RHA meetings are listed on the health region's web site and are published in local newspapers. Members of the public and area journalists are welcome to attend and observe the meetings. They can also contact the region and request to be included on the meeting agenda and make presentations to the RHA.

The RHA posts meeting minutes, once approved, on the web site. The minutes are public documents, as are the strategic plan and this annual report. Hard copies of the above can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings the Region distributes, to staff and to all local media outlets, a newsletter summarizing the meeting's highlights. The targeted timeframe for distribution of the *BoardBrief* is 48 hours after each meeting's completion.

Community Health Advisory Committees

Six geographically based Community Health Advisory Committees (CHACs) have been established for the purpose of providing the Sunrise Regional Health Authority with advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. A total of 13 CHAC meetings were held in 2006-2007. The topics addressed the health status of the population, strategic plans for the health region, recruitment and retention of staff and physicians, quality improvement processes, and finances.

CHAC members are appointed by the Regional Health Authority. Prospective members may be recommended by the CHAC or other community groups or individuals, and are expected to complete a declaration of interest.

In addition to the Community Health Advisory Committees, the health region also has public/external participation on the Primary Health Care Regional Planning Team, the Mental Health Program Review Steering Committee, the Population Health Promotion Strategy Steering Committee, and the Chronic Disease Team.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Sunrise Health Region's 2006-2007 Payee Disclosure List can be accessed at http://www.health.gov.sk.ca/ph_rha_reporting.html or can be viewed at the Sunrise Health Region's Executive Office, 270 Bradbrooke Drive, Yorkton, Saskatchewan.

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an accountability framework and accountability documents with each health region that define and clarify the performance relationship between authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators/measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*		Accreditation with Report Nov. 2006	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2007*		Initiated Feb 21/07 Expected completion June 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2005/2006*		272	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2005/2006*		86%	86%	66% – 99%	*to be determined*
Workforce Planning					
The number of positions sitting vacant for periods longer than six months *[indicator to be developed]*		——	——	——	——
Distribution of health system full time equivalents (FTEs) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	1475.18	*not applicable*	*not applicable*	*not applicable*
	HSAS	98.81			
	OOS/OTHER[1]	130.06			
	SUN	363.42			
	RWDSU[2]	N/A			
	Organization as a whole	2067.47			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	34.70	36.85	16.36 – 91.10	*to be determined*[3]
	HSAS	32.13	25.44	0.25 – 117.97	*to be determined*[3]
	OOS/OTHER[1]	3.70	3.46	0.00 – 16.92	*to be determined*[3]
	SUN	94.18	81.54	27.14 – 368.66	*to be determined*[3]
	RWDSU[2]	N/A	*not applicable*	*not applicable*	*to be determined*[3]

Indicator		RHA Value	Provincial Value	Range	Target
	Organization as a whole	43.08	42.47	17.19 – 131.56	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	77.3	78.3%	73.1% – 80.7%	*to be determined*[3]
	HSAS	80.5	80.8%	75.0% – 83.9%	*to be determined*[3]
	OOS/OTHER[1]	81.3	82.5%	76.4% – 84.5%	*to be determined*[3]
	SUN	73.3	74.7%	63.7% – 77.9%	*to be determined*[3]
	RWDSU[2]	N/A	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	77	78.1%	72.5% – 80.7%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	94.84	89.78	71.62 – 107.61	*to be determined*[3]
	HSAS	58.17	65.62	44.65 – 92.53	*to be determined*[3]
	OOS/OTHER[1]	41.64	47.34	27.68 – 61.46	*to be determined*[3]
	SUN	96.84	89.34	63.83 – 96.84	*to be determined*[3]
	RWDSU[2]	N/A	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	90.09	84.12	64.15 – 93.63	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2006/2007*		7.93	7.67	0.53 – 10.00	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2006/2007*		766.40	468.45	38.43 – 766.40	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		.7 %	*not available*	*not applicable*	*to be determined*
Number of clinical placements offered and taken within the region / SCA *[indicator to be developed]*		———	———	———	———
Financial					
Surplus (deficit) *2006/2007*		$90,050	*not applicable*	$ 90,050-$7,861,926	$0
Surplus (deficit) as a percentage of actual operating expenditures *2006/2007*		.06%	*not applicable*	.06%-9.0%	0.0% – 0.5%

Indicator		RHA Value	Provincial Value	Range	Target
Working capital ratio (current ratio) *2006/2007*		.23	*not applicable*	.23 – 1.81	*to be determined*
Number of days able to operate with working capital *2006/2007*		(61.97)	*not applicable*		*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2006/2007* *[yes/no indicator]*	Q1	yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	yes			
	Q3	yes			
	Q4	yes			
Capital					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs *[indicator to be developed]*		———	———	———	———
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2006/2007*		N/A	102.4%	101.2% – 103.3%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2006/2007*		N/A	90.6%	85.9% – 93.1%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2006/2007*		N/A	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2006/2007*		95.8%	98.0%	93.5% – 111.0%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2006/2007*		104.9%	107.3%	73.5% – 125.6%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2006/2007*		2096	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2006/2007*		N/A	90.5%	78.4% – 101.7%	100%

Indicator		RHA Value	Provincial Value	Range	Target
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2006/2007*		N/A	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[7] *2006/2007*		24.54	*not applicable*	*not applicable*	*to be determined*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2006*	Number of chronic renal insufficiency patients	n/a	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients	n/a			
	Number of home unit chronic hemodialysis patients	n/a			
	Number of north/south chronic hemodialysis patients	n/a			
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2005/2006*		n/a	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10,11] *2005/2006*	Stroke	n/a	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	n/a			
	Spinal Cord Dysfunction	n/a			
	Orthopaedic Conditions	n/a			
	Neurological Conditions	n/a			
	Amputation of Limb	n/a			
	Major Multiple Trauma	n/a			
	Medically Complex	n/a			
	Debility	n/a			
	Cardiac	n/a			
	Pulmonary	n/a			
	Arthritis	n/a			
	Pain Syndrome	n/a			
	Other	n/a			

Indicator		RHA Value	Provincial Value	Range	Target
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[12] *2005/2006*	Child / Youth	70%	*not applicable*	*not applicable*	*to be determined*
	Adult	92.3%			
Acute Care					
Percentage of surgical cases performed as day surgery[13] *2006/2007*		67.9%	56.3%	39.1% – 74.8%	*not applicable*
Number and percentage of surgical cases on wait list that have already waited over 12 months[13] *2006/2007*	Number	15	*not applicable*	*not applicable*	*not applicable*
	Percentage	1.3%	19.9%	0.0% – 23.8%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0	9.5%	0.0% – 12.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[13] *2006/2007*	Priority Level I within 3 weeks	79.8%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	82.6%	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	91.3%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	99.8%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[13] *2006/2007*	Percentage of target	99.7%	98.3%	85.2% – 122.4%	100%
	Variance from target	-10	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Average wait time between approval for placement and placement for institutional supportive care services *[indicator to be developed]*		——	——	——	——
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[14] *as at the end of Q2 2006/2007*		22.96%	21.94%	16.47% – 28.28%	*to be determined*
Case mix index for institutional supportive care facilities[14] *as at the end of Q2 2006/2007*		.788	0.771	0.725 – 0.800	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Home-Based Supportive Care					
Case mix index for supportive home care services *[indicator to be developed]*		—	—	—	—
Average wait time between referral and assessment for supportive home care services *[indicator to be developed]*		—	—	—	—
Average wait time between assessment and commencement of supportive home care services *[indicator to be developed]*		—	—	—	—
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies *as of September 1, 2006*		7.9%	*not applicable*	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates[15] *2005*		13.64%	21.28%	13.64% – 40.11%	*to be determined*
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[16] *July 1, 2005 to June 30, 2006*	Diphtheria	77.9%	73.5%	50.0% – 87.2%	*to be determined*
	Measles	75.3%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) *2005/2006*		60%	66%	46% – 77%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2005/2006 and 2006/2007*	FEE – Food Eating Establishment	69% 71%	*not applicable*	45% – 100% 71% – 100%	80% – 100%
	FPL – Food Processing (Licensed)	89% 79%	*not applicable*	20% – 100% 67% – 100%	
	LA – Licensed Accommodations	70% 74%	*not applicable*	31% – 100% 52% – 100%	
	SP – Swimming Pools	53% 73%	*not applicable*	43% – 100% 45% – 100%	
	Public Water Supplies	42% 45%	*not applicable*	20% – 100% 18% – 100%	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames *[indicator to be developed further]*		—	—	—	—
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *[data is currently not available due to system implementation issues]*		—	—	—	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*	Males	26.64%	25.13%	19.95% – 41.75%	*to be determined*
	Females	22.25%	23.30%	16.36% – 32.31%	
Community Care Services					
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services *[indicator to be developed]*		—	—	—	—
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services *[indicator to be developed]*		—	—	—	—
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services *[indicator to be developed]*		—	—	—	—
Alcohol and drug outpatient treatment completion rate per 100 admissions *2005/2006*		57.5%	59.7%	41.8% – 72.2%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services *[data not available]*[17]		—	—	—	—
Problem gambling treatment completion rates per 100 admissions *[indicator to be developed]*		—	—	—	—
Home-Based Acute and Palliative Care					
Average wait time between referral and assessment for acute and palliative home care services *[indicator to be developed]*		—	—	—	—

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time between assessment and commencement of home-based acute and palliative care *[indicator to be developed]*		—	—	—	—
Percentage of palliative home care clients with unresolved pain *[indicator to be developed]*		—	—	—	—
Percentage of palliative home care clients who choose to die at home and receive services in support of that option *[indicator to be developed]*		—	—	—	—
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge *[indicator to be developed]*		—	—	—	—
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2007*		8.84%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2006/2007*	Q1	0	*not applicable*	*not applicable*	*not applicable*
	Q2	0			
	Q3	603			
	Q4	678			
Number of Healthline calls for the RHA *2006/2007*	Q1	1089	*not applicable*	*not applicable*	*not applicable*
	Q2	1116			
	Q3	1047			
	Q4	1103			
	Year as a whole	4355			
Total number of new primary health care teams developed in the current year *2006/2007*		2	*not applicable*	*not applicable*	*not applicable*
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2005/2006*		.63%	0.73%	0.00% – 17.97%	*to be determined*
Mental Health and Addiction Services					
Average length of stay of mental health inpatients[18] *2005/2006*		18.3%	15.4	10.1 – 19.8	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Mental health inpatient readmission rate per 100 mental health inpatients[18] *2005/2006*		25.7%	20.9%	18.4%-25.7%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[19] *2005/2006*		No Info	69.1%	55.9% – 72.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[20] *February and March 2007*[17]		No info	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[21] *February and March 2007*[17]		No Info	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[22] *February and March 2007*[17]		No Info	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services[23] *[data not available]*[17]		———	———	———	———
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2006/2007*		4.6%	*not applicable*	3.8-5.3% Excluding MCRHA &KYRHA	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[24] *2002-2004*		4.5	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[24] *2002-2004*		4.8	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[24] *2002-2004*		16.1	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[25]	Circulatory Diseases	1208.9	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1602.7	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	219.3	222.9	63.5 – 376.5	
	Unintentional Injuries	1150	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	421.4	412.1	315.1 – 628.5	

Indicator		RHA Value	Provincial Value	Range	Target
Disability-free life expectancy (at birth)[15] *1996[25]*	Males	66.8	66.6	61.8 – 69.2	*to be determined*
	Females	70.1	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996[26]*	Males	11.4	11.2	8.7 – 12.1	*to be determined*
	Females	12.4	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001[27]*	Males	75.6	76.2	72.1 – 78.2	*to be determined*
	Females	82.2	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001[27]*	Males	16.6	16.9	15.6 – 18.0	*to be determined*
	Females	20.8	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*		39.86%	52.35%	39.86% – 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*	Overweight (BMI 25.0-29.9)	36.12%	32.52%	30.53% – 36.12%	*to be determined*
	Obese (BMI 30.0+)	21.89%	20.03%	16.88% – 24.19%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*	Active / moderately active	43.42%	48.62%	38.60% – 53.35%	*to be determined*
	Inactive	54.98%	49.52%	44.06% – 58.77%	
Number of visits to a physician for a mental health reason *2005/2006*	General Practitioners	17520	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	458			
Age-sex-adjusted diabetes prevalence rate per 1,000 population[28] *2004/2005*		57.6	*not applicable*	41.8 – 95.8	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2004/2005*	Males	13.3	10.4	7.3 – 27.0	*to be determined*
	Females	8.3	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2004/2005*	Males	19.6	14.7	10.5 – 22.0	*to be determined*
	Females	34.7	26.6	19.9 – 38.0	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

11 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

12 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

13 The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

14 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).

18 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

19 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

20 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.

21 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

22 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

23 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

24 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.

25 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.

26 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

27 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

28 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

Management Report

May 31, 2007

Sunrise Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Sunrise Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health and, of necessity, include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing management's performance in financial reporting. The Authority meets with management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.

Joe Kirwan
Chief Executive Officer

Lorelei Stusek
Vice President of Corporate Services

FINANCIAL STATEMENTS

Sunrise Regional Health Authority

Year Ended March 31, 2007

Sunrise Regional Health Authority
Yorkton, Saskatchewan
March 31, 2007

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PARKERQUINE LLP

Chartered Accountants Business Advisors

Auditors' Report

To the board of directors
Sunrise Regional Health Authority

We have audited the Consolidated Statement of Financial Position of Sunrise Regional Health Authority as at March 31, 2007 and the Consolidated Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. The health authority's management is responsible for preparing the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sunrise Regional Health Authority as at March 31, 2007 and the results of its operations and changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

PARKERQUINE LLP

Per:

Yorkton, SK
April 27, 2007

1

Sunrise Regional Health Authority

Yorkton, Saskatchewan

Consolidated Statement of Financial Position

As at March 31, 2007

Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	2007 Total	2006 Total
Assets					
Current Assets					
Cash and short-term investments - schedule 2	490,253	1,423,137	1,010,130	2,923,520	2,411,469
Accounts receivable					
Saskatchewan Health	77,766			77,766	3,946,811
Other	1,969,620	528,388	806	2,498,814	4,183,993
Inventories	1,349,802			1,349,802	1,315,393
Prepaid expenses	592,537	12,286		604,823	670,870
	4,479,978	1,963,811	1,010,936	7,454,725	12,528,536
Long-Term Investments - schedule 2					
Market $680,000 (2006 - $746,000)	524,443	155,388		679,831	746,003
Capital Assets - note 3	0	71,936,470	0	71,936,470	73,990,198
Total Assets	$ 5,004,421	$ 74,055,669	$ 1,010,936	$ 80,071,026	$ 87,264,737
Liabilities and Fund Balances					
Current Liabilities					
Bank indebtedness - note 12(d)	13,395,559			13,395,559	12,166,960
Accounts payable	5,118,172	514,482		5,632,654	3,079,496
Accrued salaries	242,329			242,329	7,535,610
Vacation payable	9,361,207			9,361,207	9,353,991
Other accrued liabilities	343,219	50,161		393,380	807,549
Mortgages and leases payable - current - notes 4 and 6		980,100		980,100	925,000
Deferred revenue - note 5	928,111	17,565		945,676	907,883
	29,388,597	1,562,308	0	30,950,905	34,776,489
Long-Term Liabilities					
Mortgages payable - note 6	0	10,483,361	0	10,483,361	11,477,168
Total Liabilities	29,388,597	12,045,669	0	41,434,266	46,253,657
Fund Balances - statement 2					
Invested in capital assets		60,473,009		60,473,009	61,588,030
Externally-restricted - schedule 3		571,114	1,010,936	1,582,050	1,651,238
Internally-restricted - schedule 4	37,004	965,877		1,002,881	1,162,029
Unrestricted	(24,421,180)			(24,421,180)	(23,390,217)
	(24,384,176)	62,010,000	1,010,936	38,636,760	41,011,080
Total Liabilities and Fund Balances	$ 5,004,421	$ 74,055,669	$ 1,010,936	$ 80,071,026	$ 87,264,737

Approved on behalf of the board:

See accompanying notes to the financial statements. 2

Sunrise Regional Health Authority

Consolidated Statement of Operations and Changes in Fund Balances

For the year ended March 31, 2007

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2007	Total 2007	Total 2006	Capital Fund 2007	Community Trust and Endowment Funds 2007	Total 2007	Total 2006
Revenue							
Saskatchewan Health - general	127,976,030	130,424,582	123,184,439	2,837,540		2,837,540	2,248,717
Other provincial	380,209	432,197	370,653	267,248		267,248	287,208
Federal government	41,447	85,552	40,775	12,000		12,000	108,000
Special funded programs	1,373,273	1,247,631	1,039,819				
Patient fees	12,325,006	12,343,664	11,750,466				
Out-of-province (reciprocal)	2,220,486	2,242,756	2,147,665				
Out-of-country	81,855	45,512	76,518				
Transfers from foundations/donations		177,709	107,743	962,276		962,276	1,707,855
Investment income	56,500	30,419	52,751	72,505	44,206	116,711	100,949
Ancillary operations	26,781	26,646	38,774				
Recoveries	2,038,813	2,451,468	3,092,945	26,038		26,038	
Other	188,876	204,692	450,037	21,316		21,316	20,570
	146,709,276	149,712,828	142,352,585	4,198,923	44,206	4,243,129	4,473,299
Expenses - schedule 1							
Province-wide acute-care services	1,875,638	1,645,910	1,379,340				
Acute-care services	52,221,456	51,743,516	51,004,239	2,212,564		2,212,564	2,063,012
Physician compensation - acute	3,819,962	3,840,647	3,624,874				
Supportive-care services	51,969,630	55,621,112	51,423,996	3,668,362		3,668,362	3,069,314
Home-based services - supportive-care	7,945,350	7,650,594	7,351,562	21,544		21,544	22,705
Population-health services	3,604,396	3,457,756	3,552,645	76,102		76,102	10,282
Community-care services	6,597,695	6,500,609	6,109,979	27,606		27,606	15,346
Home-based services - acute and palliative	1,713,492	1,630,282	1,577,810	9,953		9,953	10,490
Primary health-care services	1,195,473	1,282,425	1,159,595	45,050		45,050	61,731
Emergency-response services	3,854,950	3,987,036	3,850,156	28,165		28,165	237,485
Mental health services - inpatient	1,752,120	1,832,454	1,661,231				
Physician compensation - community	1,272,000	1,303,911	1,384,305				
Program-support services	6,748,761	6,879,396	6,027,996	462,677	1,531	464,208	545,164
Special funded programs	1,518,045	1,349,594	1,336,598				
Ancillary	620,308	897,536	767,157	153,942		153,942	163,063
	146,709,276	149,622,778	142,211,483	6,705,965	1,531	6,707,496	6,198,592
Excess (Deficiency) of Revenue over Expenses	$ 0	90,050	141,102	(2,507,042)	42,675	(2,464,367)	(1,725,293)
Fund balances (deficiency), beginning of year		(23,323,389)	(23,173,399)	63,242,952	1,091,514	64,334,466	65,768,667
Interfund transfers - note 13		(1,150,837)	(291,092)	1,274,090	(123,253)	1,150,837	291,092
Fund Balances (Deficiency), End of Year		$(24,384,176)	$(23,323,389)	$ 62,010,000	$ 1,010,936	$ 63,020,936	$ 64,334,466

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Cash Flows

For the year ended March 31, 2007 — **Statement 3**

	Unrestricted Fund		Restricted Funds			
	Operating Fund		Capital Fund	Community Trust and Endowment Funds	2007 Total	2006 Total
	2007	2006	2007	2007		
Cash Provided By (Used In):						
Operations						
Excess (deficiency) of revenue over expenses for the year	90,050	141,102	(2,507,042)	42,675	(2,464,367)	(1,725,293)
Add items not requiring cash resources						
Amortization of capital assets			5,384,613		5,384,613	5,039,670
Loss (gain) on disposal of capital assets			33,209		33,209	(13,994)
Net change in non-cash working capital - note 7	(1,292,804)	600,526	1,768,548	833	1,769,381	1,228,476
	(1,202,754)	741,628	4,679,328	43,508	4,722,836	4,528,859
Investing activities						
Purchase of capital assets						
Buildings/construction			(1,556,243)		(1,556,243)	(5,385,601)
Equipment			(1,821,799)		(1,821,799)	(2,745,730)
Proceeds on disposal of capital assets						
Equipment			13,947		13,947	17,132
Purchase of long-term investments		(283,374)	(36,805)		(36,805)	(12,384)
Disposal of long-term investments	60,477			42,500	42,500	
	60,477	(283,374)	(3,400,900)	42,500	(3,358,400)	(8,126,583)
Financing activities						
Repayment of debt	0	0	(938,707)	0	(938,707)	(896,324)
Net Increase (Decrease) in Cash and Short-Term Investments for the Year	(1,142,277)	458,254	339,721	86,008	425,729	(4,494,051)
Cash and short-term investments, beginning of year	(10,612,192)	(10,779,354)	(190,674)	1,047,375	856,701	5,059,660
Interfund transfers - note 13	(1,150,837)	(291,092)	1,274,090	(123,253)	1,150,837	291,092
Cash and Short-Term Investments, End of Year	$(12,905,306)	$(10,612,192)	$ 1,423,137	$ 1,010,130	$ 2,433,267	$ 856,701
Represented By:						
Cash and short-term investments	490,253	169,406	1,423,137	1,010,130	2,433,267	2,242,063
Bank indebtedness	(13,395,559)	(10,781,598)				(1,385,362)
	$(12,905,306)	$(10,612,192)	$ 1,423,137	$ 1,010,130	$ 2,433,267	$ 856,701

See accompanying notes to the financial statements. 4

1. **Legislative Authority**

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing health regions and Regional Health Authorities in the province of Saskatchewan. The Sunrise Regional Health Authority (RHA) was created by the Act and is responsible for the planning, organization, delivery and evaluation of health services it is to provide within the geographic area known as the Sunrise Health Region, under section 27 of The Act.

The Sunrise Regional Health Authority (RHA) is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. **Significant Accounting Policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Amalgamation of organizations

The Act and regulations under the Act assign Sunrise Regional Health Authority (RHA) the responsibility to coordinate and deliver certain institutional and community-based health services. To meet this responsibility, certain health care organizations (HCOs) were amalgamated with the RHA. In the 2006-07 fiscal year, the following HCOs amalgamaated with the RHA:

Parkland Alcohol & Drug Abuse Society Inc. (September 30, 2006)
Saul Cohen Family Resource Centre Inc. (October 31, 2006)

(b) Health care organizations

(i) The RHA has agreements with and grants funding to the following community-based organizations (CBO's) and third parties to provide health services:
Parkland Alcohol & Drug Abuse Society Inc.
Society for Involvement of Good Neighbours Inc.
Canadian Mental Health Association

Note 9(b)(i) provides disclosure of payments to CBO'S and third parties.

For the Saul Cohen Family Resource Centre Inc., the RHA has an economic influence. As a result, the financial statements of Saul Cohen Family Resource Centre Inc. are combined with the financial statements of the RHA.

2. **Significant Accounting Policies** - continued

(ii) The RHA has joint service management agreements with all three of its affiliates; St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville. The purpose of the agreements is to share management, contract human resources and finance services to the affiliates.

As a result, the financial statements of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are combined with the financial statements of the RHA. Transactions and interorganizational balances between the RHA and St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are eliminated.

Note 9(b)(ii) provides supplementary information regarding the financial position, results of operations and cash flows of the combined affiliates.

(iii) The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations) are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, the RHA or the respective affiliates have an economic interest in the Foundations.

These financial statements do not include the financial activities of the Foundations. Alternatively, note 9(b)(iii) provides supplementary information of the Foundations.

(c) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

(i) Operating fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

(ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of interest on long-term mortgages and amortization of capital assets.

2. **Significant Accounting Policies** - continued

(c) Fund accounting - continued

(iii) Community Trust and Endowment Fund

Community Trust

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the district from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

Endowment Fund

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health district. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of $201,771 plus unexpended interest except in special circumstances.

(d) Inventories

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are valued at the lower of cost and net realizable value. Cost is determined on an average-cost basis.

(e) Long-term investments

Investments are valued at the lower of cost or net realizable value.

(f) Capital assets

Capital assets are recorded at acquisition cost less accumulated amortization. Normal maintenance and repairs are expensed as incurred. The assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	4% to 10%
Buildings and service equipment	2% to 4%
Equipment	4% to 25%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

2. **Significant Accounting Policies** - continued

(g) Revenue

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(h) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(i) Measurement uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. **Capital Assets**

	March 31, 2007			2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	246,528		246,528	246,528
Land improvements	846,480	668,133	178,347	196,223
Buildings and service equipment	103,814,852	41,945,430	61,869,422	64,152,468
Equipment	18,693,979	9,795,586	8,898,393	9,132,670
Construction in progress	743,780		743,780	262,309
	$ 124,345,619	$ 52,409,149	$ 71,936,470	$ 73,990,198

4. Commitments

(a) Capital asset acquisitions

At March 31, 2007, commitments for acquisition of capital assets were $732,973 (2006 - $140,334).

(b) Supplier payments

At March 31, 2007, commitments for outstanding purchase orders were $1,085,825 (2006 - $1,346,325).

(c) Capital projects

The RHA has been approved to proceed with the development design and schematic design phase of the Preeceville Integrated Health Facility with a maximum approved Sask. Health shareable portion of $10,000,000. This project includes maintaining ten acute-care beds, establishing a total of 40 long-term care beds and renovating existing facilities as funding is available. As at March 31, 2007, costs incurred total $722,064 (2006 - $101,027) and are included in construction-in-progress in these financial statements.

(d) Operating leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2008	$ 309,200
2009	270,700
2010	227,400
2011	61,600
2012	14,100

5. **Deferred Revenue**

	Balance, Beginning of Year	Less: Amount Recognized	Add: Amount Received	Balance, End of Year
Revenue				
Sask. Health Initiatives				
Diabetes care and prevention	13,767	61,267	47,500	
High quality workplace	37,665	46,279	53,357	44,743
Needle exchange	4,739	4,000		739
CTAS tracking system	20,000	20,000		
Tobacco enforcement	2,200	2,200		
Quality health workplace initiatives	49,380	58,212	38,071	29,239
SIMS, PHIS, environment	3,333	3,333		
Clinical education and training	11,521	41,525	38,073	8,069
Public health capacity	37,278	12,722		24,556
Surgery wait list reduction	100,000	100,000		
Safety-engineered needles initiatives	78,795	78,795		
Project Hope	29,931	67,801	70,000	32,130
Immunization management system	9,000			9,000
Investing in education and training proposal	9,649	9,649		
Vaccine immunization program	18,659	9,270		9,389
Federal accord - home care	60,067	51,021	122,000	131,046
Federal accord - end-of-life care		12,000	12,000	
MDS home care project			100,000	100,000
Hemodialysis expansion		132,717	214,470	81,753
Project Hope			32,200	32,200
Secure care youth detox		45,215	80,000	34,785
Facility asessment audit			115,000	115,000
Primary Care - RN/NP services		15,968	75,000	59,032
Aboriginal awareness training		22,410	22,410	
	485,984	794,384	1,020,081	711,681
Non-Sask. Health Initiatives				
Sask. Housing Corporation mortgage subsidy	20,318	20,318	17,565	17,565
Kids First	296,838	1,273,401	1,102,206	125,643
Acquired brain injury	30,313	60,519	60,792	30,586
Assist program	1,166	701		465
Nova Nordish - conference support			3,550	3,550
Rent received in advance	24,338	24,338	23,505	23,505
S.R.N.A. grant	9,213	5,102		4,111
Teen wellness	22,500			22,500
First Nations & Metis relations	16,900	16,900		
SGI senior fair	313	313	500	500
SAHO - employee kiosks		6,430	12,000	5,570
	421,899	1,408,020	1,220,118	233,995
	$ 907,883	$ 2,202,404	$ 2,240,199	$ 945,676

6. **Mortgages Payable**

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2007	2006
Yorkton and District Nursing Home				
CMHC, due September 1, 2018	5.875%	$23,481; mortgage renewal date, September 1, 2018	196,679	208,373
CMHC, due June 1, 2027	8.000%	$69,670; mortgage renewal date, June 1, 2027	704,472	718,113
CMHC, due November 1, 2022	5.420%	$163,120 of which $57,689 is subsidized by SHC; yielding an effective interest rate of 2.08%; mortgage renewal date, December 1, 2012	1,726,586	1,795,133
Foam Lake Jubilee Home				
CMHC, due February 1, 2008	7.500%	$5,834; mortgage renewal date, February 1, 2008	522	6,092
CMHC, due May 1, 2017	5.750%	$10,911; mortgage renewal date, May 1, 2017	84,115	90,062
CMHC, due January 1, 2022	4.310%	$42,712 of which $12,335 is subsidized by SHC; yielding an effective interest rate of 2.01%; mortgage renewal date, December 1, 2016	448,679	469,029
Lakeside Manor Care Home				
CMHC, due August 1, 2021	4.310%	$95,632 of which $29,844 is subsidized by SHC; yielding an effective interest rate of 1.72%; mortgage renewal date, December 1, 2016	1,000,794	1,048,345
Theodore Health Centre				
CMHC, due December 1, 2023	4.540%	$50,070 of which $9,834 is subsidized by SHC; yielding an effective interest rate of 2.85%; mortgage renewal date, February 1, 2015	588,212	611,255
Langenburg Centennial Special Care Home				
CMHC, due September 1, 2026	8.000%	$27,884; mortgage renewal date, September 1, 2026	277,584	283,373
CMHC, due April 1, 2022	4.420%	$56,944 of which $21,458 is subsidized by SHC; yielding an effective interest rate of 1.94%; mortgage renewal date, March 1, 2017	574,478	597,815

6. **Mortgages Payable** - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2007	2006
Invermay Health Centre				
CMHC, due March 1, 2017	4.610%	$27,778 of which $7,890 is subsidized by SHC; yielding an effective interest rate of 1.27%; mortgage renewal date, June 1, 2016	219,928	236,653
CMHC, due May 1, 2022	4.610%	$39,177 of which $8,396 is subsidized by SHC; yielding an effective interest rate of 2.77%; mortgage renewal date, June 1, 2016	420,415	438,834
Norquay Health Centre				
CMHC, due March 1, 2017	4.610%	$27,156 of which $7,101 is subsidized by SHC; yielding an effective interest rate of 1.54%; mortgage renewal date, June 1, 2016	215,002	231,352
CMHC, due July 1, 2022	4.610%	$40,172 of which $8,608 is subsidized by SHC; yielding an effective interest rate of 2.79%; mortgage renewal date, June 1, 2016	434,437	453,166
Canora Gateway Lodge				
CMHC, due January 1, 2023	7.250%	$30,450; mortgage renewal date, January 1, 2023	288,248	297,738
CMHC, due April 1, 2017	4.610%	$50,455 of which $15,781 is subsidized by SHC; yielding an effective interest rate of 0.94%; mortgage renewal date, June 1, 2016	402,024	432,282
Kamsack Nursing Home				
Sask. Finance, due May 1, 2007	5.375%	$307; mortgage renewal date, May 1, 2007	291	567
CMHC, due February 1, 2017	4.42%	$92,034 of which $24,055 is subsidized by SHC; yielding an effective interest rate of 1.61%; mortgage renewal date, February 1, 2017	722,589	778,019
Preeceville Lions Housing				
CMHC, due May 1, 2016	5.375%	$5,115; mortgage renewal date, May 1, 2016	37,048	40,104

6. **Mortgages Payable** - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2007	2006
Preeceville Lions Housing				
CMHC, due March 1, 2008	4.41%	$49,902 of which $9,710 is subsidized by SHC; yielding an effective interest rate of 0.00%; mortgage renewal date, March 1, 2008	48,616	95,007
St. Paul Lutheran Home of Melville				
CMHC, due June 1, 2018	5.750%	$15,859; mortgage renewal date, June 1, 2018	131,594	139,723
CMHC, due August 1, 2022	5.520%	$112,991 of which $43,388 is subsidized by SHC; yielding an effective interest rate of 1.85%; mortgage renewal date, September 1, 2012	1,175,955	1,223,337
Ituna & District Pioneer Lodge				
CMHC, due April 1, 2025	8.000%	$28,656; mortgage renewal date, April 1, 2025	276,541	283,148
Esterhazy Centennial Special Care Home				
CMHC, due July 1, 2019	6.875%	$20,918; mortgage renewal date, July 1, 2019	174,527	183,289
CMHC, due August 1, 2022	4.220%	$46,712 of which $11,159 is subsidized by SHC; yielding an effective interest rate of 2.12%; mortgage renewal date, December 1, 2007	529,920	553,910
East Central Regional Laundry				
Bank of Montreal, due January 1, 2009	4.24%	$445,496; mortgage renewal date, January 1, 2009	784,205	1,187,449
			11,463,461	12,402,168
Less: Current portion			980,100	925,000
			$ 10,483,361	$ 11,477,168

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due within each of the next five years are estimated as follows:

2008	980,100
2009	900,900
2010	564,800
2011	594,200
2012	625,100
2013 and subsequent	7,798,361
	$ 11,463,461

7. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds			
	2007	2006	Capital Fund	Community Trust and Endowment Funds	2007 Total	2006 Total
Decrease (increase)						
Accounts receivable	4,104,046	(4,401,774)	1,449,342	833	1,450,175	2,373,206
Inventory	(34,409)	116,419				
Prepaid expenses	78,333	(143,279)	(12,286)		(12,286)	
Increase (decrease)						
Accounts payable	2,211,881	24,758	341,277		341,277	(1,141,020)
Accrued liabilities	(7,693,202)	5,223,793	(7,032)		(7,032)	(3,710)
Deferred revenue	40,547	(219,391)	(2,753)		(2,753)	
	$(1,292,804)	$ 600,526	$ 1,768,548	$ 833	$ 1,769,381	$ 1,228,476

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The total cost held in trust as at March 31, 2007 was $239,168 (2006 - $212,760). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan crown agencies such as departments, corporations, boards and commissions under the common control of the government of Saskatchewan. The RHA is also related to non-crown enterprises that the government jointly controls or significantly influences. In addition, the RHA is related to other non-government organizations by virtue of its economic interest in these organizations.

(a) Related-party transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. **Related Parties** - continued

(a) Related-party transactions - continued

Financial Statement Accounts	2007	2006
Assets		
Accounts Receivable		
Saskatchewan Government Insurance	$ 47,434	$
S.A.H.O.	26,488	
Sask. Workers' Compensation Board	13,414	12,380
Prepaid Expenses		
Sask. Workers' Compensation Board		106,897
SaskTel	12,577	7,294
S.A.H.O.	125,399	
Liabilities		
Accounts Payable		
Saskatchewan Health Employees Pension Plan *	12,742	744,726
Sask. Workers' Compensation Board	789,924	592,214
S.A.H.O. - Disability Income Plan *	289,602	169,248
SaskEnergy	68,486	72,463
Sask. Property Management Corporation	30,991	52,880
SaskTel	30,982	27,665
SaskPower	18,839	14,621
S.A.H.O.	3,943	12,321
S.A.H.O. - Employee Benefit Programs *	72,413	8,501
Regina Qu'Appelle Health Region	2,637	4,945
Revenue		
Sask. Workers' Compensation Board	247,808	281,384
Saskatchewan Government Insurance	129,934	85,768
Expenses		
Saskatchewan Health Employees Pension Plan *	10,556,653	9,275,775
Sask. Workers' Compensation Board	1,897,857	2,179,676
S.A.H.O. - Disability Income Plan *	2,513,379	2,080,283
S.A.H.O. - Enhanced Dental Plan *	3,189,127	2,151,838
SaskPower	1,544,329	1,468,791
SaskEnergy	1,185,300	1,203,627
S.A.H.O. - Employee Benefit Programs *	130,164	103,680
S.A.H.O. - Core Dental Plan *	892,724	862,549
Sask. Property Management Corporation	670,745	861,221
SaskTel	439,583	447,555
Public Employees Pension Plan *	2,918,253	267,779
S.A.H.O.	471,911	254,168
Saskatoon Health Region	116,840	
Public Service Superannuation Board *	72,316	75,245
Regina Qu'Appelle Health Region	237,811	46,463

* Indicates that employee portion is included in the above expense.

9. **Related Parties** - continued

(a) Related-party transactions - continued

In addition, the RHA pays provincial sales tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

(b) Health-care organizations

(i) Community-based organizations and third parties

The RHA has also entered into agreements with community-based organizations (CBO's) and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBO's and third parties:

	2007	2006
Canadian Mental Health Association (Saskatchewan/Yorkton Division) Inc.	106,417	90,734
Parkland Alcohol & Drug Abuse Society Inc.	61,275	144,918
Society for Involvement of Good Neighbours Inc.	243,945	227,429
	$ 411,637	$ 463,081

(ii) Affiliates with joint service management agreements

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately-owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. Further, the RHA provides most of the affiliate's funding. Accordingly, the RHA has the ability to affect the strategic operating, investing and financing activities of the affiliates.

The RHA consolidated financial statements include the accounts of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville based on the joint service management agreement held with each of the three organizations. The following information, which combines the operating fund and capital fund, is supplementary to those statements.

9. **Related Parties** - continued

(b) Health-care organizations - continued

(ii) Affiliates with joint service management agreements - continued

	St. Anthony's Hospital	St. Peter's Hospital	St. Paul Lutheran Home	2007 Total	2006 Total
Statement of Financial Position					
Total assets	$ 1,802,180	$ 1,340,377	$ 4,806,292	$ 7,948,849	$ 8,128,238
Total liabilities	301,002	536,997	2,404,346	3,242,345	3,461,298
Total fund balances	1,501,178	803,380	2,401,946	4,706,504	4,666,940
	$ 1,802,180	$ 1,340,377	$ 4,806,292	$ 7,948,849	$ 8,128,238
Results of Operations					
RHA grant	2,901,016	5,960,694	6,682,863	15,544,573	15,088,416
Other revenue	273,232	375,029	2,714,826	3,363,087	3,294,252
Total revenue	3,174,248	6,335,723	9,397,689	18,907,660	18,382,668
Salaries and benefits	2,281,608	4,724,964		7,006,572	13,934,636
Other expenses	758,410	1,538,535	9,564,581	11,861,526	4,146,415
Total expenses *	3,040,018	6,263,499	9,564,581	18,868,098	18,081,051
Excess (deficiency) of revenue over expenses	$ 134,230	$ 72,224	$(166,892)	$ 39,562	$ 301,617

* Other expenses includes amortization of $489,138 (2006 - $455,770).

Cash Flows					
Cash from operations	409,091	414,368	188,404	1,011,863	68,095
Cash used in financing activities			(55,512)	(55,512)	(52,552)
Cash used in investing activities **	(239,910)	(150,938)	71,898	(318,950)	(586,320)
Increase (decrease) in cash	$ 169,181	$ 263,430	$ 204,790	$ 637,401	$(570,777)

** Cash used in investing activities includes capital purchases of $424,543 (2006 - $485,144).

9. **Related Parties** - continued

(b) Health-care organizations - continued

(iii) Fund-raising foundations

Fund-raising efforts are undertaken through the non-profit business corporations known as The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations). The RHA or the respective affiliates have an economic interest in the Foundations. The Foundations have the following year-ends:

The Health Foundation of East Central Saskatchewan Inc. - December 31
St. Peter's Hospital Foundation (Melville) Inc. - December 31
St. Anthony's Hospital Foundation Inc. - March 31

	St. Anthony's Foundation Inc.	St. Peter's Hospital Foundation (Melville) Inc.	Health Foundation of ECS Inc.	2007 Total	2006 Total
Statement of Financial Position					
Total assets	$ 1,061,247	$ 565,046	$ 1,184,235	$ 2,810,528	$ 2,561,165
Total liabilities	142,745	17,191	508,051	667,987	253,342
Total fund balances	918,502	547,855	676,184	2,142,541	2,307,823
	$ 1,061,247	$ 565,046	$ 1,184,235	$ 2,810,528	$ 2,561,165
Results of Operations					
Total revenues	48,372	86,002	1,584,076	1,718,450	1,757,571
Total contributions to the RHA	(200,745)	(31,655)	(1,426,886)	(1,659,286)	(1,570,072)
Total operating expenses	(14,112)	(5,571)	(201,219)	(220,902)	(227,847)
Excess (deficiency) of revenue over expenses	$(166,485)	$ 48,776	$(44,029)	$(161,738)	$(40,348)
Cash Flows					
Cash from operations	(101,578)	66,722	299,853	264,997	76,253
Cash from (used in) financing and investing activities	(66,372)	(1,037)		(67,409)	87,005
Increase (decrease) in cash	$(167,950)	$ 65,685	$ 299,853	$ 197,588	$ 163,258

10. **Pension**

Employees of the RHA participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP) which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health-care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002 (prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO board of directors). Other employees participate in either the Public Service Superannuation Plan (a related party), which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party), which is a defined contribution plan. Both of these plans are the responsibility of the province of Saskatchewan. The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $6,016,415 (2006 - $5,765,034) and is included in benefits in schedule 1.

Effective January 1, 2004, contribution rates increased as follows for the Saskatchewan Healthcare Employees' Pension Plan:

6.552% of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus 8.232% of pensionable earnings above the yearly maximum pensionable earnings (CPP).

Effective September 1, 2003, contribution rates increased as follows for the Public Service Superannuation plan:

17.99% to 18.00% of pensionable earnings.

11. **Budget**

The RHA Board approved the 2006-2007 budget plan on June 7, 2006.

12. **Financial Instruments**

(a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

(b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces; therefore, the credit risk is minimal.

(c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

(i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

Cash and short-term investments
Accounts receivable
Accounts payable
Accrued salaries and vacation payable

(ii) For investments, the fair value is considered to approximate quoted market values.

(iii) The fair value of mortgages payable before the repayment required within one year approximates the book value of the mortgages.

(d) Operating line-of-credit

The RHA has an approved operating line-of-credit of $14,000,000 (2006 - $14,000,000) with interest charged at a rate of prime less 0.25% which is renegotiated annually. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2007 was $609,024 (2006 - $400,977). The line-of-credit was approved by the Minister on October 7, 1998.

The affiliates also have operating lines-of-credit with limits totalling $650,000 (2006 - $650,000). These lines-of-credit are secured by an assignment of grants and revenues from the RHA. Total interest paid on these lines-of-credit in 2007 was $3.565 (2006 - $5,705).

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2007			2006		
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Operating Fund	Capital Fund	Community Trust and Endowment Funds
Capital asset purchases by other funds	(842,185)	944,529	(102,344)		146,000	(146,000)
Replacement reserve allocations	(133,356)	133,356		(141,256)	141,256	
Mortgage principal and interest paid by operating fund	(220,906)	220,906		(222,514)	222,514	
Operating expenditures financed by replacement reserve	5,803	(5,803)		27,258	(27,258)	
Operating expenditures financed by community trust funds	20,909		(20,909)	14,673		(14,673)
Operating expenditures financed by capital fund	18,898	(18,898)		30,747	(30,747)	
	$(1,150,837)	$ 1,274,090	$(123,253)	$(291,092)	$ 451,765	$(160,673)

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community-Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the board. The assets are interest-bearing with the interest credited to the trust balance. The board presently administers $636,595 (2006 - $717,173) under these agreements.

Following is the status of the trust funds at March 31, 2007:

Each trust fund has a "trust advisory committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health-related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

16. **Contingent Liabilities**

Joint job evaluation reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time, there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown; therefore, the cost of these reconsiderations cannot be reasonably determined.

Sunrise Regional Health Authority

Schedule of Expenses by Object
For the year ended March 31, 2007 — **Schedule 1**

	Budget 2007	Actual 2007	Actual 2006
Operating			
Board costs	112,920	92,020	81,309
Compensation - benefits	18,176,696	18,819,899	17,666,507
Compensation - salaries	95,024,614	97,945,343	92,959,115
Diagnostic imaging supplies	366,919	337,857	334,190
Drugs	2,160,785	2,146,166	2,053,169
Food	2,535,660	2,546,192	2,442,251
Grants to ambulance services	2,237,007	2,327,268	2,393,827
Grants to third parties	487,710	612,644	468,406
Housekeeping and laundry supplies	1,199,358	1,482,361	1,317,076
Information technology contracts	321,530	317,927	262,482
Insurance	395,604	399,164	417,015
Interest	425,535	634,657	421,350
Laboratory supplies	1,073,610	959,676	1,018,190
Medical and surgical supplies	2,748,604	2,611,608	2,611,426
Medical remuneration and benefits	5,119,762	5,145,571	4,986,415
Office supplies and other office costs	987,234	991,940	1,248,743
Other	1,912,438	1,623,568	1,670,272
Other referred-out services	1,151,469	801,577	816,082
Professional fees	664,390	661,262	610,216
Prosthetics	239,638	199,438	181,232
Purchased services	1,568,445	856,207	805,872
Rent/lease costs	556,153	745,279	654,616
Repairs and maintenance	691,561	891,254	811,710
Service contracts	1,154,356	1,103,944	946,339
Travel	1,382,182	1,417,032	1,243,761
Utilities	4,015,096	3,952,924	3,789,912
	$ 146,709,276	$ 149,622,778	$ 142,211,483
Restricted			
Amortization		5,384,613	5,039,670
Loss (gain) on disposal of capital assets		33,209	(13,994)
Other		1,289,674	1,172,916
		$ 6,707,496	$ 6,198,592

See accompanying notes to the financial statements. 23

Sunrise Regional Health Authority

Schedule of Cash and Investments
For the year ended March 31, 2007

Schedule 2

	Maturity Date	Effective Rate	Restricted Amount *	Unrestricted Amount	Total
Cash and Short-Term Investments					
Cash, chequing and savings accounts		0-2.5%	2,345,283	417,194	2,762,477
Treasury bill fund		3.00%		5,060	5,060
Term deposits					
North Valley Credit Union Ltd.	04/20/2007	2.00%	42,500		42,500
Guaranteed investment certificates					
Laurentian Bank	08/16/2007	3.20	30,000		30,000
Laurentian Bank	06/17/2007	5.05%		51,000	51,000
Bonds and debentures					
Province of Ontario	09/12/2007	2.87%		16,999	16,999
Province of Saskatchewan coupon bond	10/10/2007	3.03%	15,484		15,484
Total Cash and Short-Term Investments			2,433,267	490,253	2,923,520
Long-Term Investments					
Bonds and debentures					
Province of Saskatchewan savings bond	07/15/2011	4.00%	50,500		50,500
Province of British Columbia coupon bond	06/09/2008	4.01%	53,999		53,999
Province of Prince Edward Island coupon bond	09/18/2009	4.31%		11,890	11,890
Government of Canada coupon bond	10/01/2008	3.15%		16,999	16,999
Guaranteed investment certificates					
Canadian Western Bank	06/18/2008	3.65%		54,760	54,760
Bank of Montreal	08/18/2008	3.35%	20,000		20,000
Canadian Western Bank	07/26/2009	4.55%	30,889		30,889
Equity in co-operatives		0.00%		14,760	14,760
Notes receivable - physicians		0.00%		426,034	426,034
Total Long-Term Investments			155,388	524,443	679,831
Total Cash and Investments			$2,588,655	$1,014,696	$3,603,351

The carrying amounts of the long-term investments approximate fair value.

* Restricted investments consist of:
- Community-generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Schedule of Externally-Restricted Funds

For the year ended March 31, 2007 **Schedule 3**

	Balance, Beginning of Year	Investment Income	Capital Expenditures	Operating Expenses	Balance, End of Year
Pre-Amalgamation Trust Accounts					
Canora Hospital	2,601	51		(2,110)	542
Centennial Special Care Home	142,533	5,201		(48,713)	99,021
Preeceville Hospital	118,275	5,061			123,336
Esterhazy Home Care	80,662	3,292		(9,790)	74,164
Foam Lake primary care	22,496	962			23,458
Gateway Lodge - Canora	41,065	1,590		(9,684)	32,971
Gateway Lodge - Invermay	8,612	112			8,724
Invermay Health Centre	19,378	419		(6,641)	13,156
Lakeside Manor Care Home	18,182	696		(13,323)	5,555
Preeceville Lions Housing	155,057	6,635			161,692
Theodore Health Centre	108,313	3,709		(18,046)	93,976
	717,174	27,728	0	(108,307)	636,595
Endowment Fund					
Dr. Borys Tolczynski Memorial Fund	374,341	14,946	0	(14,946)	374,341
	$ 1,091,515	$ 42,674	$ 0	$(123,253)	$ 1,010,936

	Balance, Beginning of Year	Investment Income	Donations	Operating Expenses	Withdrawals	Balance, End of Year
Capital Fund - Donations for Capital Assets						
Acute care administration		12	3,905	(3,065)		852
Canora Hospital	20,550	928	2,695	(136)		24,037
Esterhazy C.S.C.H.	132,266	4,749	10,202	(4,475)	(37,508)	105,234
Gateway Lodge - Canora	106,619	4,575	620			111,814
Home Care	8,823	360	4,936	(3,689)		10,430
Invermay Health Centre	1,185	61	1,834	(929)		2,151
Ituna Pioneer Healthcare Centre	6,226	206	1,980	(99)	(2,713)	5,600
Kamsack Hospital	45,816	1,901	3,864		(3,738)	47,843
Kamsack Nursing Home	11,252	482	1,650			13,384
Lakeside Manor Care Home		873	60,000	(814)		60,059
Mental Health	351	18				369
Norquay Health Centre	13,554	711	9,405	(1,050)		22,620
Preeceville building fund	92,804	2,348	15,106		(82,267)	27,991
Preeceville Hospital	62,653	2,684	285	(31)		65,591
Preeceville Lions Housing	2,657	139	1,120			3,916
Rama First Responders	1,035	44				1,079
St. Anthony's Hospital	9,151	26				9,177
St. Paul Lutheran Home	20,000					20,000
South district - other	19,059	661		(2)	(10,151)	9,567
Theodore Health Centre			700		(700)	
Yorkton R. H. C.	5,722	245	12,989	(4,359)		14,597
	559,723	21,023	131,291	(18,649)	(137,077)	556,311
Parkland Alcohol & Drug Services	15,275	57	0	(529)	0	14,803
	$ 574,998	$ 21,080	$ 131,291	$(19,178)	$(137,077)	$ 571,114

See accompanying notes to the financial statements. 25

Sunrise Regional Health Authority

Schedule of Internally-Restricted Funds

For the year ended March 31, 2007 **Schedule 4**

	Balance, Beginning of Year	Current Year Allocation	Investment Income	Capital Expenditures	Operating Expenses	Balance, End of Year
Capital						
Replacement reserve funds						
Esterhazy Centennial Special Care Home	29,718	13,008	1,505	(1,627)		42,604
Foam Lake Jubilee Home	31,709	11,592	1,476	(8,419)		36,358
Gateway Lodge - Canora	28,590	14,256	1,107	(16,300)	(1,292)	26,361
Invermay Health Centre	12,484	7,008	673		(1,292)	18,873
Ituna Pioneer Healthcare Centre	38,560	5,604	1,760		(1,030)	44,894
Kamsack Nursing Home	55,005	14,592	2,519	(4,767)		67,349
Lakeside Manor Care Home	78,393	8,000	3,252	(12,031)		77,614
Langenburg Health Care Complex	28	6,084	79	(5,311)		880
Norquay Health Centre	28,350	7,008	1,351		(646)	36,063
Preeceville Lions Housing	116,578	9,300	5,136	(4,687)		126,327
St. Paul Lutheran Home	135,626	15,400	5,768	(12,674)	(1,543)	142,577
Yorkton & District Nursing Home	104,978	21,504	4,904	(16,336)		115,050
	660,019	133,356	29,530	(82,152)	(5,803)	734,950
Other internally-restricted funds						
Funds for future capital expenditures	435,182	0	21,896	(226,151)	0	230,927
	1,095,201	133,356	51,426	(308,303)	(5,803)	965,877
Operating						
Other internally-restricted funds						
Saul Cohen Family Resource Centre Inc.	28,089		721	(28,810)		
St. Paul Lutheran Home Education fund	38,739	0	1,112	(2,847)	0	37,004
	66,828	0	1,833	(31,657)	0	37,004
Total Internally-Restricted Funds	$ 1,162,029	$ 133,356	$ 53,259	$(339,960)	$(5,803)	$ 1,002,881

The board is required to maintain certain reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

See accompanying notes to the financial statements. 26

Sunrise Regional Health Authority

Schedule of Board Remuneration, Benefits and Allowances

For the year ended March 31, 2007

Schedule 5

	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2007 Total	2006 Total
RHA Members								
Irene Adams		2,638		882			3,520	2,991
Lawrence Chomos		600		299		23	922	
Patricia Hack		200				3	203	
Janet Hill		2,588		81		58	2,727	2,944
Audrey Horkoff		2,675		1,209		79	3,963	2,195
Karen Keshane		2,200		1,117		96	3,413	3,084
Raymond King		800		323			1,123	2,163
Greg Kobylka		6,194		1,225		240	7,659	3,502
Beverly Kostichuk				101			101	1,813
John Nightingale		1,900		921			2,821	3,961
Jennie Ortynsky		1,563		358			1,921	2,377
Ivan Peterson	9,130	14,669		5,496		1,091	30,386	7,031
Dennis Popowich		508				18	526	
Grant See		4,456		2,101			6,557	
Albert Seib								1,469
Walter Streelasky		2,025		528		60	2,613	
Ben Weber	700	800		386			1,886	13,296
	$ 9,830	$ 43,816	$ 0	$ 15,027	$ 0	$ 1,668	$ 70,341	$ 46,826

See accompanying notes to the financial statements.

Sunrise Regional Health Authority

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

For the year ended March 31, 2007 **Schedule 5 (continued)**

	2007					2006		
	Salaries	Benefits and Allowances	Subtotal	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Senior Employees								
Joe Kirwan, CEO	162,098	2,895	164,993		164,993	132,136		132,136
Dr. Michael Bishop, Chief-of-Staff	128,334		128,334		128,334	109,860		109,860
Vince Bornyk, VP	127,551	604	128,155		128,155	105,294		105,294
Allan Daelick, VP	114,529	65	114,594		114,594	101,918		101,918
Christina Denysek, VP	118,679	583	119,262		119,262	105,909		105,909
Suann Laurent, VP	134,423	647	135,070		135,070	122,051		122,051
Michael Redenbach, VP	121,887	544	122,431		122,431	109,664		109,664
Lorelei Stusek, VP	114,761	65	114,826		114,826	101,918		101,918
	$ 1,022,262	$ 5,403	$ 1,027,665	$ 0	$ 1,027,665	$ 888,750	$ 0	$ 888,750

(1) Salaries include regular base pay, overtime, lump-sum payments, honoraria and any other direct cash remuneration including sick leave and vacation.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of automobile, cell phone, computer, etc. (as well as any other taxable benefits).

See accompanying notes to the financial statements.

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
ABDAI, LAURETTA	87,170
ABRAHAMSON, THERESA	55,959
ADAMS, WENDY	53,513
AHUJA, PRAVEEN	64,534
ALSPACH, LISA	56,058
ANDERSON, ANNE	67,249
ANDERSON, LORNA	54,595
ANDRES, RYAN	61,861
ANDREW, H ELAINE	75,011
ANDREYCHUK, FRANCES	73,207
ANDRUSIAK, ELAINE	70,911
ANDRUSIAK, FAYE	53,838
ANGUS YANKE, MARY	52,472
ANUIK, JOAN	81,710
ARESHENKO, MARGE	68,501
ARNESON, BRIANNA	69,387
ARNOLD, SANDRA	117,025
AYER, ANGELINE	54,350
BABYAK, CAROLYN	73,989
BABYAK, TWYLA	62,979
BADOWICH, WILLIE	64,581
BAERR, JUDY	64,603
BALES, SHERI	63,160
BARAN, JUDY	52,449
BARAN, PETER	61,970
BARON, SANDRA	76,323
BARTESKI, ANDREA	60,907
BARTESKI, PAULETTE	61,807
BASSINGTHWAITE, ERIN	53,837
BASSINGTHWAITE, JOYCE	81,965
BAUER, BERYL	84,128
BEAR, CHERYL	85,192
BEAR, SHEILA	73,676
BEAR, SUSAN D	65,052
BEATTY, DONNA	71,332
BECK, SUZANNE	53,121
BECKER, BREANNE	54,404
BECKER, BRENDA	53,258
BELANGER, LOUISE	59,415
BELL, SHERRY	64,963
BELLEGARDE, CANDICE	67,591
BENDER, CAROLYN	52,013
BENKO, LINDA	58,905
BERG, PAUL	89,401
BERGER, BEVERLY	63,722
BERGMAN, SYLVIA	54,337
BERRECLOTH, KAREN	68,531
BILOKRELI, ROSANNA	69,610
BILY, LAURIAN	66,021
BILYK, GWEN	67,585
BLAHAY, LAURIE	50,597
BLENNER HASSETT, BONNIE	81,392
BLOMMAERT, BAREND	55,732
BLOMMAERT, HIDY	85,040
BODNAR, JOANNE	80,177
BODNAR, SHERYL	69,861
BODNARYK, MERVIN	55,469
BOHN, ARLENE	75,409
BOHN, DEBORAH	76,998
BOMBERAK, TANIA	63,093
BORGFORD, BEVERLEY	77,922
BORNYK, VINCENT	123,461
BORYS, KIMBERLEY	56,142
BOTHNER, ANGELA	50,002
BOYCE, TWILA	63,427
BOYCHUK, JANICE	69,519
BREITKREUZ, JAYNELLE	67,317
BREITKREUZ, LAURIE	56,351
BREITKREUZ, MARTHA	70,936
BREZINSKI, ROSELINE	71,020
BRIMACOMBE, DEBRA	55,866
BROOKS, BRENDA	54,744
BROWN, LYNDA	69,387
BROWN RAYNER, ROXANE	53,845
BRYMER, DORIS	62,680
BUCHINSKI, LEANNE	52,527
BUCHINSKI, SHARON	87,325
BUCSIS, KIM	69,286
BUECKERT, BRIAN	70,499
BUECKERT, YVONNE	81,253
BUHLER, DEBBIE	65,597
BURBACK, DWAYNE	105,673
BURNS, BRYCE	60,475
BYBLOW, JACQUEL	67,140

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
BYCZYNSKI, BEVERLEY	58,469
CALEF, SUSAN	53,734
CAMERON, CAROLYN	73,299
CANFIELD, LINDA	74,328
CARNDUFF, KAREN	64,242
CHABOT, CHRIS	53,870
CHASE, SHELLEY	67,576
CHEREWYK, ERNEST	93,403
CHEREWYK, STEPHANIA	78,352
CHERLAND, HENRIK	68,130
CHERLAND, JOLEEN	67,187
CHICOINE, ROSELYN	60,642
CHILLOG, SHARON	55,539
CHISHIMBA, PETRONELL	76,891
CHOPTUIK, KAREN	80,648
CHOPTY, LEONA	51,595
CHUPA, BRIAN	64,099
CHUPIK, TERESA	61,375
CHURKO, JOANNE	133,661
CHURKO, VALERIE	74,688
CHYZ, CORY	52,634
CHYZ, VERNA	56,712
CLARKE, LINDA	66,011
CLEMENTS, SHEILA	70,384
COBB, JANICE	69,412
COLEMAN, DEBBIE	63,288
COMBRES, GILBERT	78,025
COMPTON, CARLA	51,083
COTTENIE, DEBORAH	71,141
COTTENIE, KATHERINE	58,483
CRAIG, BLANCHE	71,296
CRISANTO, ALVINCITO	71,777
CURSONS, MELISSA	53,682
CYMBALISTY, PHYLLIS	64,890
CYR PHILIPCHUK, SUSANNE	61,885
DAELICK, ALLAN	110,609
DAHLIN, LIVIA	68,124
DALES, CHERYL	71,258
DANYLUK, MILDRED	89,074
DAREICHUK, RUTH	93,284
DAUM, GAYLE	100,189
DAVIDSON, BETTY	65,903
DAVIDUIK, MYLA	53,148
DECORBY, ALLISON	71,242
DEDMAN, BRENDA	67,240
DEN BROK, LORI	66,451
DENNIS, LORRAINE	62,247
DENYSEK, CHRISTINA	114,622
DERKACH, HILDA	77,365
DERKATCH, LARESA	56,556
DETERS, CAROL	59,803
DIAKOW, CHARLOTTE	53,490
DICKSON, PAMELLA	63,536
DIEHL, JANET	63,657
DIERKER, JEAN	56,754
DILTS, JUDITH	65,243
DOBKO, KIM	71,875
DOBKO, ROBIN	57,432
DOBMEIER, TAMARA	58,836
DONALDSON, SCOTT	78,585
DOOLING, DOUG	65,880
DOWNIE, SUZANNE	79,702
DRESSLER, JOAN	63,159
DUBELT, AGNES	72,547
DUBNYK, NANCY	92,554
DUDA, SUSAN	73,342
DUMKA, SHERI RAE	78,896
DUNCAN, SHERRYLEE	69,062
DURDIN, HELEN	128,289
DUTCHAK, MONICA	71,631
DYCK, BRANDI	50,961
DYKUN, KIMBERLY	70,937
ECKLIN, VALINDA	63,144
EDLIN, ROBERT	68,017
ELASCHUK, SUZANNE	68,411
ELLIOTT, TERESA	53,885
ELLIS, JACKIE	59,929
ELMY, VERENE	70,845
ERHARDT, LORETTA	51,075
ERICKSON, TRACY	54,965
EXNER, ELAINE	68,428
FAGRIE, OLIVIA	57,966
FAHLMAN, JEANETTE	78,976
FALKINER, CHARLENE	94,438

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
FALLOWS, BRIAN	56,252
FARKES, WANDA	50,346
FEDORCHUK, KATHY	58,393
FEDUN, RICHARD	62,935
FEHR, KARINA	56,057
FENWICK, SHERILYN	57,086
FICHTNER, TRACY	50,865
FIEGE, PATRICIA	64,035
FIELDING, ROGER	66,257
FIESELER, JUDY	69,209
FITZPATRICK, PHYLLIS	89,782
FLAMAN, JANICE	72,408
FLATT, LORRAINE	53,620
FLUNDER, ADELIA	59,183
FLUNDER, LORRAINE	58,625
FOGG, MARIANNE	67,863
FOGG, SHELLY	51,725
FOSTER, MANDIE	51,484
FOX, SHERRELL	76,955
FRANKE, JULIETTE	75,318
FREDERICKSON, JUDY	66,419
FRICK, GRACE	63,008
FRICK, LAURIE	56,195
FRITZKE, JANICE	69,125
FROEHLICH, PERRY	62,399
FUCHES, BEVERLEY	69,228
GABRIEL, DONALD	68,047
GABRIEL, TRACY	64,312
GALIZ, TRACY	63,764
GARTNER, HEATHER	52,400
GAUDRY, JON	60,828
GAWRYLIUK, DONNA	65,484
GAZDEWICH, EMILY	67,868
GAZDEWICH, PAUL	55,843
GEHL, RYAN	63,816
GEMBEY, DEBORAH	58,393
GIBB, KENDRA	53,172
GOGOL, LINDA	53,234
GOODMAN, CINDY	55,404
GORETZKY, ANITA	55,165
GRIFFITH, DOROTHY	61,021
GRIFFITH, WENDY	58,784
GRODZINSKI, LISA	68,135
GRUNERT, BONNIE	57,833
GRUNERUD, MARCIA	56,666
GRYWACHESKI, DEBORA L	66,431
GULKA, BECKY	64,511
GULKA, LESLIE	74,307
GUSTAFSON, EUNICE	60,661
GUY, JOY	73,293
HADUBIAK, CONSTANCE	53,501
HAGGARTY, BLENDA	64,466
HAHN BROWN, NOREEN	61,563
HALYK, EDITH	67,155
HALYK, JANE	54,824
HALYK, THERESA	66,207
HAMILTON, GAYLENE	68,941
HANCOCK, MARGARET	89,859
HANLINE, SYLVIA	71,577
HANNAH, JANICE	70,691
HARVEY, SYLVIA	53,907
HASSETT, TRACY	63,983
HASSLER, RAYE	69,379
HATTON, IRENE	61,716
HAWKINS, RHONDA	50,597
HEGEDUS, MELVINA	64,041
HERMAN, CANDICE	56,919
HERPERGER, JANICE	51,896
HERTLEIN, JUDY	50,674
HESHKA, LORIE	89,106
HILTON, FRED	60,560
HITCHENS, DORIS	50,208
HODGES, TERRACE	96,061
HOFFMAN, JANET	66,346
HOLLMAN, JOANNE	54,129
HOLOVACH, BARBARA	66,620
HOLOWACHUK, KIMBERLEY	65,360
HOLOWATUK, GREER	66,279
HOLZMANN, JACQUEL	60,541
HONEYWICH, GERALDINE	65,866
HORDICHUK, ERNEST	124,598
HORNUNG, DIANA	74,312
HOWARD, ARLETTE	67,518
HOWARD, KIMBERLY	57,996

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
HOWE, BEVERLEY	85,753
HOWE, SHARI	58,137
HRYNIUK, CAROL	70,303
HUBER, KEVIN	61,152
HUBIC, JOY	69,282
HUCKABAY, ANTHONY	80,194
HUDYE, HOLLY	64,590
HUDZINSKI, MARGARET	60,671
HUGHES, DENNIS	58,360
HULL, EVELYN	52,770
HULL, JACKELYN	66,484
HUNKO, LANA	60,121
HUTZUL, LYNNE	65,893
IVANOCHKO, NINA	59,183
JACOB, CARLA	54,688
JACOB, LEAANNE	73,782
JAMIESON, DIANE	90,807
JAMIESON, LINDA	53,838
JANSSEN, COLLEEN	58,396
JANZEN, BRIAN	54,031
JANZEN, PATRICIA	71,513
JAQUES, PAULETTE	51,842
JARVIS, JODI	58,619
JAYASINGHE, SHERANGA	57,331
JESKE, GERTRUDE	64,456
JOHNSON, CATHERINE	67,799
JOHNSON, DEBBIE	58,908
JOHNSON, SHEILA	54,290
JONSON, LOIS	71,462
JORDENS, ELODIE	55,286
KACZUR, SHERRIE	87,178
KAISER, SHANNON	69,855
KAMINSKI, LORNETTA	51,258
KANNENBERG, ANITA	54,723
KARKUT, BERNADETT	58,893
KEEPER, TRACEY	53,077
KEIL, FERN	64,420
KELLER, DEREK	60,993
KELLER, KRISTIN	53,701
KELLER, LORI	78,522
KENDEL, ANN	54,414
KENNEDY, DAWN	68,474
KEYOWSKI, EVELYN	78,872
KEYOWSKI, JANICE	66,030
KEZIMA, LINDA	63,111
KIDDER, MICHELLE	61,404
KINDRATSKY, ILONA	79,695
KING, MARGARET	66,361
KIRSCHMAN, KELLY	74,134
KIRWAN, JOSEPH	157,113
KITCHEN, DEBRA	51,475
KITCHEN, RONALD	54,264
KITZ, LINDA	55,901
KITZ, SHARILYN	69,216
KLAPAK, DANA	56,951
KLAPATIUK, JANET	79,125
KLUK, DAVID	101,212
KLUK, GEORGETTE	98,711
KOBAN, GERALDINE	65,109
KOLISNEK, CAROL	53,487
KOLISNEK, KEN	54,248
KONAN, MELODY	62,591
KORMOS, BARBARA	72,994
KOSEDY, CAROL	55,106
KOSKIE, SUSAN	73,073
KOTIN, SVETLANA	269,585
KOZAKEWICH, DEBORAH	53,175
KRAYNICK, KAREN	78,260
KREISER, DIANE	52,290
KROCHAK, CARLA	69,965
KRUSHKOWSKI, JACQUELIN	60,384
KRYKLYWICZ, PATRICIA	67,463
KUNTZ, HEIDI	65,722
KUNTZ, MICHELE	55,482
KURYLUK, DOROTHY	70,264
KUSPIRA, PAT	67,420
LAEVENS, BERNADINE	58,393
LAJEUNESSE, KATHALEEN	54,308
LAROSE JUNEK, LISA	52,903
LARSON, DARLEEN	58,974
LARSON, LORI	95,155
LAUBE, ANNETTE	65,591
LAUGHREN, ALLISON	52,384
LAURENT, SUANN	129,717

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
LAVIOLETTE, WILMA	60,111
LAW, VERNA	66,663
LAZURKO, DONNA	75,597
LEGER, CAROLINE	68,123
LEGGE, KAREN	73,802
LENDERBECK, ELEANOR	73,446
LEONARD, KAREN	63,066
LEONARD, SERGE	68,078
LEPPINGTON, BRENDA	67,933
LIEBRECHT, WILMA	81,965
LINDGREN, WENDY	56,088
LINGL, ARLENE	54,849
LINK, DEBRA	67,367
LITKE, KAREN	75,115
LIVINGSTONE, PATRICK	55,866
LOMBARD, HERMANUS	292,680
LOVERIDGE, KAREN	70,866
LOVERIDGE, LINDA	83,367
LUBINIECKI, BRENDA	63,741
LUDWAR, KIM	56,394
LUTZ, KAREN	68,796
LUTZ, YVONNE	60,238
LYS, LESLIE	51,050
LYSAK, LORRAINE	90,073
LYSIUK, DEBRA	82,338
MACKENZIE, BRENDA	75,960
MACKINNON, LAURIE	55,608
MACLEAN, BRENDA	69,969
MACZA, SHELLY	59,328
MAIER, PAULINE	62,724
MAKSYMETZ, HAROLD	63,299
MALAYNEY, CHARLENE	78,016
MANASTYRSKI, LOEN	56,630
MARFLEET, CHERYL	64,374
MARTIN, SHAWN	59,072
MARTSINKIW, DARREN	68,090
MATECHUK, MARION	81,472
MATISHO, MARGARET	72,616
MATSALLA, JAMES	81,166
MAURER, VIRGINIA	56,641
MAYER, CHRISTOPH	71,179
MCCLINTON, JAMES	50,201
MCCLINTON, SYLVIA	71,243
MCCORMICK, DONNA	78,037
MCDONALD, LYNN	62,899
MCDOUGALL, DIANE	72,668
MCENTEGART, MYRTLE	59,142
MCGILL, GLENN	77,429
MCINTYRE, DONNA	64,465
MCKEE, BRENT	63,582
MCLAREN, MARIA	84,440
MCLELLAN, GLADYS	62,097
MCMORRIS, BONITA	56,425
MEDLANG, DARLENE	73,787
MEHLING, CHARMAINE	62,837
MELNECHENKO, MARGO	57,184
MELNYK, EILEEN	81,799
MICHALCHUK, SANDEE	64,619
MILBRANDT, DONNA	85,676
MILLER, WADE	66,063
MILLHAM, JAMIE	65,582
MIRCHANDANI, MUKESH	294,161
MITSCHKE, THOMAS	60,370
MOHR, SHIRLEY	78,963
MOLNAR, KARA	67,064
MOORE, ANGELA	51,116
MORASH, DEBBIE	51,315
MORASH, LORI	56,272
MOSIONDZ, CHERISE	83,238
MOTTER, SHARON	74,669
MROZOWICH, APRIL	50,228
MROZOWICH, JERRY	67,259
MURPHY PARK, JACKIE	55,526
MURRAY, CARA	68,144
MURRAY, ELIZABETH	53,226
MURRAY, SANDRA	73,521
MUSSELMAN, JOYCE	73,185
MUSYJ, ELAINE	56,828
NAGRAMA, TARCILA	73,154
NAGY, MARION	52,518
NAGY MALINOSKI, CORREEN	78,666
NAPADY, KIMBERLEY	104,176
NASBY, AARON	64,851
NAWAZ, NAVA	67,585

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
NECHVATAL, LORNA	53,697
NELSON, DARLENE	64,844
NELSON, JANE	89,987
NICHOL, LYNN	54,363
NICHOLLS, CATHERINE	53,032
NICHOLLS, KARLA	58,111
NIECKAR, GAIL	60,315
NINOWSKY, JOAN	52,803
NORDIN, AMY	61,266
NORDSTROM, PAT	52,425
NORMAN, DIANNE	67,610
NORTON, FAITH	55,296
NOVAK, AMBER	56,474
NYSTROM, TANYA	79,479
OFF, EUNICE	80,326
OKRAINEC, LOIS	68,017
OLEYNIK, MABEL	53,704
OLIJNYK, MICHELLE	88,029
OLSON, SHIRLEY	60,999
ONESCHUK, RHONDA	53,699
ONSLOW, DARLENE	78,865
ONSLOW KITZAN, DEBRA	69,103
OSTAFICHUK, MAYNARD	66,924
OSTAPOVICH, ANGELA	57,629
OSTAPOVICH, EUGENE	65,765
OUCHAREK, DELORES	52,168
OUCHAREK, JOAN	66,990
OWCHAR, STEPHANIE	56,542
PACEY, BEVERLEY	75,266
PADAR, SANDRA	80,177
PADDOCK, CARMELLE	50,226
PALCHEWICH, ELIZABETH	73,287
PARKER, SHARON	54,874
PARKVOLD, CARRIE	66,897
PARKVOLD, JASON	64,723
PARROTT, EDNA	87,743
PARSONS, GAIL	63,625
PASLOSKI, BRENDA	68,795
PATRICK, CONNIE	64,386
PATRON, ARLENE	53,526
PAUL, ROXANNE	60,583
PAWLIK, DARLENE	55,973
PAWLIW, LOIS	64,552
PEDDE, BERNICE	50,305
PEDDE, JOYCE	54,830
PEDWELL, JAMES	56,203
PEESKER, SHIRLEY	61,858
PELECHATY, CARLA A	61,275
PENIUK, MARILYN	63,974
PEREPIOLKIN, PATRICIA	58,992
PERRAULTSTREETER, LISE	66,696
PETRACEK, SUSAN	60,547
PETRIE, ELEANORE	65,588
PETRIW, SVETLANA	60,459
PETRUKA, ELLEN	51,596
PFEIFER, LORNE	69,386
PICKARD, VIRGINIA	79,280
PIERCE, SHIRLEY	65,203
PILIPOW, JANICE	61,577
PINDUS, SHAWN	66,620
PODOVINNIKOFF, JANIE	70,882
POLLOCK, ONEY	69,504
POLLOCK, SHAUNA	68,923
POPOFF, ANDREA	55,198
POPOWYCH, JANE	65,465
POTT, PAMELA	55,774
POWERS, KIMBERLY	57,191
POZNIAK, DEBORA	51,901
PROBE, JUDY	56,545
PROPP, LEANNE	61,511
PROTZ, SHARON	61,272
PRYCHAK, SHERI	84,464
PURITCH, MEL	80,875
RAC, ZLATICA	55,291
RANSOME, LISA	65,313
RANSON, JUDY	81,479
RAUBENHEIMER, ELIZABETH	51,918
RAUCKMAN, IRIS	51,056
REDENBACH, MICHAEL	117,686
REDENBACH, TARA	65,939
REGIMBAL, RENEE	68,842
REIMAN, DEBRA	83,090
RENKAS, ELEANOR	51,117
RENKAS, SHELLEY	75,995

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
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Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
REYNOLDS, ANDREA	51,380
REYNOLDS, JENNIE	51,225
RHINAS, MYRNA	84,281
RIEGER, LINDA	81,311
RINK, JAY	63,000
ROBERTSON, GAYLEEN	81,497
ROBINSON, ROBIN	80,294
RODEN, AMANDA	52,923
RODGER, PEGGY	101,230
ROGG, COLEEN	52,104
ROLL, S JUDITH	67,104
ROMANOW, DIANNE	51,603
ROSE, JEAN	58,198
ROZDEBA, CRES	58,372
RUDY, SHARON	54,423
RUSHKA, MARGARET	104,597
RUSSELL, ANNA	65,757
RUTZKI, KIM	64,095
SAALMANN, BEATE	74,231
SAGAN, MARLENE	64,412
SAND, CONNIE	54,412
SANFTLEBEN, LAURA	64,813
SAWKIW, KAREN	69,762
SCHAAB, LORETTA	61,071
SCHENDEL, JANICE	68,929
SCHERGEVITCH, THERESA	75,955
SCHERLE, DALE	50,669
SCHICK, DELORES	61,982
SCHICK, JENNIFER	67,760
SCHINDLER, DURRIE	85,422
SCHMIDT, KENT	74,157
SCHNEIDER, SHARI	59,681
SCHRAMM, DAWN	70,298
SCHULTZ, RHONDA	74,173
SCHUTZ, SHARI	50,177
SCHWITZER, JENNIFER	58,342
SCRATTON, ARLENE	75,799
SEELEY, WENDY	74,439
SEIB, JOANNE	60,190
SEMESCHUK, RODNEY	50,188
SHAHAB, SAQIB	56,581
SHARP, LESLIE	60,574
SHARPE, GEORGINA	72,074
SHAW, ROXANNE	57,160
SHEPPARD, MICHELLE	62,026
SHEWCHUK, GLADYS	56,157
SHEWCHUK, PHYLLIS	79,300
SHIVAK KWEENS, DAWN	66,652
SHUMAY, BRENDA	71,858
SHUMAY, SHERRY	56,462
SHWAGA, KOLI ANN	93,431
SICHKARUK, DIANNE	56,863
SICINSKI, SUSAN	65,157
SIES, BRYAN	65,677
SIMINOFF, MYRA	76,980
SIMPSON, JANET	72,803
SKLARUK, HEIDI	65,416
SKORETZ, JOANNE	73,855
SLONSKI, LINDA	64,713
SLOWSKI, CATHY	54,814
SMULAN, CAROLE	55,104
SOBKOW, ERNA	87,117
SORSDAHL, GEORGE ED	89,030
SPRINGGAY, NOLA	55,158
SPYKERMAN, SUZEL	52,639
SROCHENSKI, TERESA	61,675
ST MARS, RAY	63,017
STAMATINOS, LESLEY	84,302
STANICKI, SHARON	50,867
STANLEY, JACKI	72,161
STATKEWICH, JACOMINA	64,680
STECHYSHYN, DARLA	106,299
STECHYSHYN, ELSIE	69,692
STEELE, LOUISE	78,103
STEELE, SCOTT	76,215
STELMACOWICH, DARLENE	88,534
STEPPAN, LAUREL	98,934
STERANKO, TARA	52,676
STEVELY, KAREN	56,953
STEWART, SUZANNE	58,392
STOKES, SANDRA	63,825
STOLL, MOIRA	64,323
STOPA, NORAH	52,195
STOPA, PATRICIA	76,699

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
STOUT, LORRIE	51,241
STOYKO, WENDY	79,448
STRATECHUK, TWYLA	72,749
STRENDIN, LYNN	62,656
STRINGFELLOW, CAROLINE	68,853
STROEDER, DEBORAH	63,860
STRONG, DOREEN	58,697
STRUKOFF, GAIL	67,279
STRUTYNSKI, MARTHA	81,951
STUMBORG ROSIN, VIRGINIA	66,960
STUSEK, LORELEI	110,842
SUEHSSCHLAF, KAREN	54,767
SUSCHINSKY, DOREEN	103,514
SUTCLIFFE, DEBRA	53,856
SUTTER, DAVID	82,754
SZABO, TRENT	77,906
SZUMUTKU, SUZETTE	50,138
TANGJERD, ARLENE	68,137
TENEYCKE, LEANNE	55,922
THEBAUD, ROSELLA	71,434
THIBODEAU, MARY JO	59,630
THIES, KIMBERLEY	74,205
THIESSEN, CHERYL	55,980
THOMPSON, CORINNA	51,811
THOMSON, FRED	53,473
THOMSON, KAREN	60,866
THOMSON, KIMBERLY	71,484
THORLEY, LINDA	78,430
THORSTEINSON, JUDY	53,278
THREINEN, DONNA	66,613
TOCHOR, BARRY	55,633
TOMSKI, GLADYS	123,200
TRATCH, KAREN	53,632
TRATCH, KERRI	73,692
TROPIN, SHARON	63,026
TROWELL REPSCH, MICHELLE	51,416
UNCHULENKO, CAROL	73,315
VALLEE, MARIE	80,864
VAN WERT, SANDRA	55,182
VANNESTE, LINDA	68,939
VAUGHAN HASTIE, SANDRA	67,804
WAGNER, GREGORY	71,038
WAGNER, PATRICIA	61,228
WALCHUK, CYNTHIA	70,531
WALKER, JANET	53,793
WALKER, SHERRI	58,709
WALLEN, BRENDALYN	56,353
WALSH, BRENDA	85,990
WALSH, NOLA	69,387
WANDY, EMILY	51,567
WARBURTON, KATHRYN	76,059
WARBURTON, PATRICIA	79,245
WEBER, WANDA	78,644
WEGNER, DAWN	79,755
WEISS, LEAH	81,178
WERLE, HAZEL	58,653
WERLE, LINDSAY	63,174
WESTBERG, BEVERLEY	81,918
WESTERMAN, JULIA	81,532
WHITE, EVA	74,715
WILEY, LAURA	87,252
WILK, LAURA	53,116
WIWCHARUK, ROBERTA	81,151
WOICICHOWSKI, KAREN	79,552
WOLOSCHUK, JACQUELIN	50,970
WOODS, WILLIAM	63,357
WOTHERSPOON, DEBORA	67,430
WRISHKO, LYNN	73,999
WYLLYCHUK, BRENDA	55,793
WYONZEK, NANCY	75,100
YACYSHYN, MARY ANN	69,333
YACYSHYN, RHONDA	52,284
YAREMCHUK, MICHELLE	50,755
YAREMKO, CHERYL	78,889
YAROSKI, LOUISE	55,234
YELLAND, DONNA	61,236
YESNIK, DIANE	56,394
YOUNG, JANA	67,062
ZAWERUCHA, HAZEL	50,801
ZAYSHLEY, NORMAN	56,653
ZILCH, MARGARET	56,980
ZORN, CAROLEE	63,553
ZUCHKAN, NANCY	60,997
ZULYNIAK, CURTIS	74,826

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

	$
ZULYNIAK, SHARON	58,728

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

	$
CANORA AMBULANCE CARE (1996) LTD.	413,072
CRESTVUE AMBULANCE SERVICE LTD.	634,927
DUCK MOUNTAIN AMBULANCE CARE LTD.	510,332
KIDS ZONE EARLY LEARNING CHILD CARE	80,621
PARKLAND ALCOHOL & DRUG ABUSE S	61,275
PREECEVILLE AMBULANCE CARE('98	488,821
S.I.G.N.	544,603
S.I.G.N. - INDEPENDENT LIVING/VOCATIONAL EMP	162,152
SHAMROCK AMBULANCE/WYNYARD	244,619
ST. ANTHONY'S HOSPITAL	422,775
ST. PAUL LUTHERAN HOME	704,486
ST. PETER'S HOSPITAL	1,327,257
SUNRISE HEALTH REGION	1,807,756

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

A&S TRANSPORT	$200,605
ABBOTT LABORATIES - ROSS / PHARMACY	94,037
AIZER CONTRACTING INC.	208,044
Alcon Canada Inc.	359,296
ARJO CANADA INC.	126,738
BALHARITH: DR. ALI	136,936
BAXTER CORPORATION	60,687
BECKMAN COULTER CANADA INC	329,781
BIA: DR. F. H.	97,019
BIOMED RECOVERY & DISPOSAL LTD.	76,836
BISHOP: DR. MICHAEL	135,862
Boston Scientific Ltd.	72,805

Supplier Payments (Cont)

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

	$
BRENNAN OFFICE PLUS	66,600
BUNZIL CANADA INC.	177,316
BURGER: DR. J.	134,079
C.U.P.E. - LOCAL #4980 REGION	1,197,263
Canadian Corps of Commissionair	148,591
CAN-MED HEALTHCARE GROUP	267,567
CEG ENERGY OPTIONS INC.	717,551
CHRIST THE TEACHER RCSSD	129,500
CITICORP VENDOR FINANCE LTD.	80,355
CITY OF YORKTON	269,132
CLARICA/SUNLIFE CENTRAL	175,061
CMHA - Sask. Division	106,417
COETZEE; DR. J.	142,262
CONCENTRA FINANCIAL	53,994
Cook Canada Inc.	92,789
COTTENIE AND GARDNER INC	79,413
CPDN 3130827 Canada Inc.	943,037
DAS: DR MADHAVAN S.	292,179
DOWIE QUICK PRINT LTD	76,386
EECOL ELECTRIC (SASK) LTD	61,088
ENERGY GUARD WATER TECHNOLOGY	73,244
FOURIE: DR. P.	127,957
FUTUREMED HEALTH CARE PRODUCTS INC.	348,949
GAMBRO	144,730
General Electric Medical Systems	55,062
GRAND & TOY	155,023
Great West Life Assurance Compa	659,817
Hahn: Dr. J. A.	312,548
Haque, Dr. M. N.	62,660
HORIZON COMPUTER SOLUTIONS	186,582
HOSPIRA HEALTHCARE CORP.	579,659
INDEPENDENT AGENCIES	213,486
Janssen-Ortho Inc.	249,261
JOHNSON & JOHNSON	154,582
JOHNSON DIVERSEY CANADA, INC	54,284
KODAK CANADA INC.	156,011
KOUDSI: DR. NASIR	74,656
L & M PHARMACY	111,449

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Supplier Payments (Cont)

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

	$
LEE: DR. F. R.	118,909
MacPherson Leslie & Tyerman	90,157
MACQUARIE CAPITAL CANADA LTD.	70,751
MAHFUD: DR. AHMED	137,356
MARK'S AGENCY (1981) LTD.	76,910
MCKESSON CANADA	311,367
MED-COM COMPREHENSIVE DISPATCH	87,011
Medi - I - Pant Inc	66,215
MINISTER OF FINANCE/REVENUE DIVISION	105,315
ODUNTAN: DR. O.	177,420
OLYMPUS CANADA INC.	50,106
ORTHO CLINICAL DIAGNOSTICS	399,873
P3ARCHITECTURE	638,158
PENGUIN REFRIGERATION LTD./YORKTON	91,739
PHILIPS MEDICAL SYSTEMS CANADA.	606,530
PRAIRIE DISTRIBUTORS (CENTRAL) INC.	51,433
PRINSLOO: DR. W.	130,622
PUBLIC EMPLOYEES PENSION PLAN	291,825
PUBLIC SERVICE SUPERANNUATION	72,316
RADIOLOGY ASSOCIATES	89,051
RCDP/CPDN	125,727
RECEIVER GENERAL FOR CANADA	30,573,602
REGINA QU'APPELLE HEALTH /LABORATORY	204,898
RESIDENT TRUST ACCT	343,248
ROCHE DIAGNOSTICS/LAVAL,PQ	107,740
ROYAL BANK OF CANADA	82,138
S.A.H.O.	475,623
S.A.H.O. - CORE DENTAL	892,724
S.A.H.O. - DIP	2,513,379
S.P.M. (SASK PROPERTY MANAGEMENT)	670,745
SAFETY NOW SYSTEMS INC.	61,066
SAHO - EMPL STRATEGY	130,164
SAHO-IN-SCOPE-ENHANCED DENTAL PLAN	2,995,910
SAHO-OUT-OF-SCOPE ENHANCED DENTAL	193,217
SALIB: DR. M.	80,322
SAPUTO FOODS LIMITED	117,012
SASK UNION OF NURSES	387,881
SASK WORKERS COMPENSATION BOARD	1,956,568
SASK. ENERGY CORPORATION	1,185,300
SASKATCHEWAN POWER	1,546,017
SASKATOON HEALTH REGION /CITY HOSPIT	116,840
SASKTEL	461,233
SCHAAN HEALTHCARE PRODUCTS	1,256,114
SHELIG: DR. KHALED	86,040
SHEPP/PENSION ONLY	10,556,652
SIEMENS CANADA LTD.	52,931
SMITHS MEDICAL CANADA LTD.	76,923
SODEXHO SERVICES CANADA	290,593
SOFTCHOICE CORPORATION	79,264
SOUMBASIS:DR. E.	143,019
SOURCE MEDICAL	376,935
SPIES, DR. L.C.	141,943
SPIES: DR. C	61,260
SRNA	178,674
STANTEC ARCHITECTURE LTD.	53,154
STERIS CANADA INC.	83,202
STRYKER CANADA-Fax to JB Medical	103,628
STRYKER CANADA-Fax to Stryker	56,779
SUPREME OFFICE PRODUCTS	93,782
SWAN, DR. NADINE	134,467
SYSCO/SERCA	2,176,085
TAG'S PLUMBING & HEATING LTD.	132,219
THE STEVENS COMPANY LTD	210,762
TIM SLATTERLY/HEALTH SCIENCES ASSOCIATION	87,335
TRICIFIC ENTERPRISES INC.	51,087
TSATSI: DR. L.D.R.	426,921
TYCO HEALTHCARE GROUP CANADA INC.	475,595
UNISOURCE CANADA INC.	62,104
VAN HEERDEN, DR.	145,373
VITALAIRE HEALTHCARE	158,860
VWR INTERNATIONAL, LTD.	63,366
WEBER CONSTRUCTION LTD.	174,987
WESCLEAN REGINA SALES LTD.	85,812
WILLARD: DR. MARTHA JO	120,000